Intimate Partner Sexual Abuse:

a curriculum for Batterer Intervention Program Facilitators

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For practitioners:
Why and how to use this curriculum

What is this curriculum?

In 2002, the Massachusetts Executive Office of Public Safety (EOPS) and Massachusetts Department of Public Health (MDPH) assessed existing certified batterer intervention curricula and determined that methods for educating and confronting abusers about intimate partner sexual abuse could benefit from enrichment. This curriculum was created in order to provide Massachusetts certified batterer intervention programs with additional activities, handouts, and teaching tools for use with their program clients during their sessions on intimate partner sexual abuse. The curriculum was not designed to be used as a comprehensive, stand-alone batterer intervention curriculum, nor was it designed to replace existing techniques or curriculum components. Rather, it was created with the goal of providing batterer intervention program facilitators with a wider variety of options with which to engage clients.

The importance of addressing sexual abuse in batterer intervention programs

For many victims of intimate partner violence, sexual abuse and assault are the most devastating of controlling behaviors. Sexual abuse affects victims at their core; it is both physically and emotionally invasive. While only a proportion of intimate partner violence victims may experience overtly sexually abusive tactics, the sexual relationship between a batterer and a victim is necessarily affected by the other forms of abuse that take place. Therefore, the topic of sexual abuse is relevant for all clients.

Most abusers deny their controlling behavior but are particularly reluctant to look at the effects of their abuse on their sexual relationship. It's important to be able to confront and educate abusers about this area of power and control.

The vocabulary of sexual abuse counseling: what words should I use?

Facilitators need to be able to talk directly with clients about sexual assault and abuse. They need to be comfortable using the vocabulary of sexual abuse. They need to be able to say "rape", "sexual abuse", "penis", "vagina", "breasts", "condom", "oral intercourse", "anal intercourse" and other specific terms without hesitation or discomfort. Facilitators set the tone during group—with their language, they can determine how intense the discussion will be and whether the group environment is respectful and safe during that discussion. If facilitators are unwilling or unable to address sexual abuse and assault directly, clients won't be willing to discuss their sexually abusive behavior.

You want me to say what?!

It may take some time for new facilitators to feel ready to confront clients about sexual abuse. It isn't always easy to use sexual terms in front of others. Some facilitators may feel unprepared to do the difficult task of confronting clients about their sexually abusive behavior. Some facilitators may discover that they will *never* be ready to do this—these facilitators should not feel afraid to discuss their discomfort with their supervisors, ask for

additional training or support, and ultimately consider stepping down from their facilitation responsibilities. There is no shame in having personal limits that prevent talking about sexual abuse with batterers, however, it will be ineffective and unsafe for victims if batterer intervention program facilitators cannot adequately address this issue.

How to integrate sexual abuse confrontation into all sessions and topics

When addressing any topic of abuse during groups, facilitators normally discuss the effects of the abuse on the victim and children. Consider asking an added question, no matter what theme is being addressed: "How does this form of abusive behavior affect a sexual relationship?" Programs that use the Duluth curriculum might consider adding that question to each control log. Facilitators can explore the effect of clients' abusive behavior on both their own and their partners' sexual behavior or fulfillment, safety, ability to trust, and overall health. (Note, though, that one expert forewarns that some sex offenders may derive pleasure from thinking about sexual abuse and may find questions about it arousing. If at any point it feels excessive or counter-productive to ask about sexual abuse during each theme, cut back!).

Some specific themes and how to use them in your program's curriculum

This curriculum supplement touches upon several themes, including:

- sexual abuse of intimate partners (overview)
- rape, consent and coercion
- sexual and reproductive health in partnership
- the effects of intimate partner sexual abuse on survivors
- recognizing boundaries
- sexual abuse of children

Facilitators are invited to select activities from each of these themes as needed in order to bolster their own program curriculum. Although the Massachusetts Department of Public Health doesn't mandate the use of any particular curriculum in its certified programs, most programs in Massachusetts use either the Duluth or Emerge curriculum. Programs that use the Duluth curriculum may want to extend the theme of sexual abuse by one or two sessions in order to utilize some of the additional materials and activities presented here. Programs that use the Emerge curriculum may want to plan ahead and designate a specific date or two to engage the group in some of the supplementary activities.

One other purpose of this curriculum is to provide facilitators and partner contact staff with *evidence-based* background information about intimate partner sexual abuse, and its effects on victims, to integrate into other topics as appropriate. Batterer intervention program facilitators should weave the factual information and intervention techniques throughout their existing curricula, in order to increase the amount of time and attention that is paid to this issue in batterer intervention program group sessions.

At a minimum, it is recommended that facilitators familiarize themselves with this curriculum supplement so that they are prepared to respond to questions or challenging moments related to the sexual abuse of intimate partners with the factual information made available.

Sexual abuse and partner contacts

Training partner contact staff to be prepared for victims to acknowledge being sexually abused is just as important as training group facilitators. When victims do reveal that they have been or are being sexually abused, it is critical that partner contact staff be able to discuss details with sensitivity while remaining respectful of the comfort-level of the partner with whom they are speaking. Ultimately, the goal of partner contact staff is to refer partners to helping resources, and minimal information about sexual abuse experiences may be sufficient for this purpose.

Knowing how to respond to victims with compassion and in a collected manner is key. Here's an example:

If a victim says: "It was pretty bad last night...he ended up forcing himself on me."

A partner contact staff person might respond with: "That sounds pretty scary. Did you talk to anyone about that? Would you like to talk to someone at a Rape Crisis Center about it?"

Using his or her best judgment to determine if it is too invasive or inappropriate, the partner contact staff person might also ask;

"Was that the first time he made you do something like that, or has he often made you do sexual things that you don't want to do?"

The partner contact staff person might also say:

"That's a serious violation of your boundaries. It makes me concerned about your safety."

Partner contact staff is first and foremost obligated to protect victim confidentiality and safety. Given that obligation, the job of the partner contact staff person is to express empathy, gently underscore that any coercive sexual behavior is inappropriate and undeserved, provide appropriate referrals, and gather however much information about the frequency, severity and nature of sexual abuse that has been perpetrated by the program client as the victim is comfortable revealing. Depending upon the protocols of the program, with the partner's permission that information should either be conveyed to the group facilitators who can then intervene more effectively with the perpetrator (remaining careful never to reveal what they know), or should be used in order to make more appropriate referrals to the partner (such as to a rape crisis center). Partner contact staff must be well trained with regard to information that must be reported to Child Protective Services or other authorities. They also must convey their mandate to report the abuse of a child, elder, a person with disabilities, or a person in a long-term care facility to the appropriate authority at the outset of the call.

Concern for clients who are survivors of sexual abuse

Facilitators should be aware that some clients might have been sexually abused as children or as adults. Being in a batterer intervention group may trigger first-time or renewed memories of those abusive incidents while they are attending the program. Knowing how to respectfully respond to clients who disclose their own sexual victimization during group, without allowing the group to be led off course, is important.

What's my line?

A counselor might say something like: "That sounds like a very painful memory. Thank you for trusting the group enough to share that with us. Unfortunately, sexual abuse of children is all too common and I have had other clients in other groups share that type of information, too. If you would like to see me and [co-facilitator] after group, we can give you some names and phone numbers of good people to talk to about having been sexually abused. Other guys have found that useful. For now, though, I don't want to lose track of what the group was doing...so let's keep moving with what we were working on before. OK? Thanks."

Depending on the situation, facilitators may want to remind the client to come see them for referral information at the end of the group, but should avoid becoming drawn into a prolonged "one-on-one" discussion with the client. When they are at work at a batterer intervention program, batterer intervention facilitators are *not* individual counselors (even if they wear that hat at other times), and it undermines the group when they are drawn into actual or perceived one-on-one relationships with any particular member of the group.

Concerns for the facilitator

Some facilitators have also had a history of being victimized sexually. It is important for all facilitators to know that the experience of facilitating a batterer intervention group may trigger memories or feelings for them—or their co-facilitator—that are difficult or painful. If this happens, the affected facilitator is responsible for addressing those issues outside of the group. Facilitators who find facilitating difficult because of their own personal trauma history are encouraged to talk with their clinical supervisor or program director about that, and it is expected that clinical supervisors will respond compassionately and with respect. Facilitators who need intensive or individualized clinical intervention are expected to seek that outside of the batterer intervention program—clinical supervisors cannot provide personal counseling for staff. Facilitators who find it too difficult to facilitate groups because of their own trauma history may need to withdraw from facilitation for a period of time.

Reporting requirement

Most Massachusetts certified batterer intervention programs adopt the policy that any disclosures of sexual abuse of children, disabled or elderly persons will be reported to the appropriate authorities, whether or not staff are technically "mandated reporters" by virtue of their other jobs. Note that in Massachusetts, the sexual abuse of adult intimate partners is not subject to the same reporting requirements as abuse of children, elderly or disabled persons. However, many programs adopt the policy that any clients who disclose perpetrating sexual abuse since their admission to the program should be reported to probation (or the referral agency) and possibly discharged for non-compliance.

Mandated reporters in Massachusetts include (but are not limited to):

- physicians
- psychologists
- nurses
- teachers
- family counselors
- child care workers
- foster parents
- probation officers
- clerks of district courts
- parole officers
- firefighters
- police officers
- psychiatrists
- clinical social workers
- drug & alcoholism counselors
- clergy
- allied mental health and licensed human services professionals

FOR A FULL LIST AND INSTRUCTIONS ON REPORTING IN MASSACHUSETTS:
http://www.state.ma.us/dss/ChildAbuse/CAN_Reporting.htm

1-800-792-5200

Examples

During a partner contact, a partner discloses that she is "pretty sure" that the program client touched her twelve year-old daughter in a sexual manner as recently as last week.

Suggested response: "I'm glad that you decided to tell me about that. That's a serious violation of boundaries, and it's a violation of the law. That falls into the category of things that I am obligated to report to my supervisor and, likely, to the Department of Social Services. Have you talked about this with any authorities yourself, yet? What's most important is that your daughter is safe and protected, and it's equally important that you are safe and protected. Maybe you can tell me a bit more about what you believe happened, and then we can discuss how to take the next step." [The next step suggested is for the partner contact staff person to report the disclosure to the clinical supervisor or the program director, who should follow program protocol for reporting the incident to the Department of Social Services and the police. One option that the victim may want to pursue is reporting the incident to the Department of Social Services and the police on her own or with the program.]

During a group, a client discloses that he coerced his partner to have intercourse with him the night before.

Suggested response: "We're glad you decided to talk about that here. While this is a group where we want people to feel comfortable, it's our job to be clear about abusive behavior. What you're describing is coercing your partner to have sex with you, which is a serious violation of boundaries, and potentially a violation of the law. This falls into the category of things that we need to report to your probation officer. It also falls into the category of a new act of abuse, which is grounds for terminating clients at this program. We'll discuss this with our supervisor and let you know what will happen next."

As much as counselors want to establish trust in the group setting and encourage disclosures, it is unethical and dangerous to victims to ignore or minimize any reports of sexual abuse. The best facilitators stand firmly behind program policy *and* maintain a rapport with group participants.

Mentoring less experienced facilitators

If you are a new batterer intervention facilitator, you will no doubt be paired with a more experienced staff person who can help you as you become familiar with your program's curriculum and your role. Eventually, you may become one of the "old hands" and a newer, less experienced facilitator may be paired with you in order to benefit from your mentorship.

As a mentor to a less experienced facilitator, it is your job to "check in" and find out how things are going for him or her. It is appropriate, and expected, that you will ask what aspects of the job are challenging for him or her and impart advice about how to handle these challenges with success. It is also recommended that you give specific feedback about a new facilitator's ability to confront men about intimate partner sexual abuse, and suggest strategies for becoming more skilled in this area based on things that have been helpful to you. It is our hope that selecting and trying activities from this curriculum together will benefit both new and more experienced facilitators.

Good luck!

Thank you for the vital role that you are playing in your community's response to intimate partner violence. We hope that this curriculum is useful to you in your role as a batterer intervention program facilitator and that you will share it with others. Please add the activities, suggestions and ideas presented here to your warehouse of techniques for providing compassionate and safety-minded batterer intervention services.

A Note about Language and Culture: This curriculum is intended for use with clients from different cultures and backgrounds. It can be used in groups for men who have abused women partners and groups for men or women who have abused same-sex partners. The role-plays, examples, and personal narratives in the curriculum are drawn from diverse community experiences including Latino, Caucasian, African-American, gay, lesbian, working poor, working and middle class. There are references within the text that will help facilitators to think about how culture affects sexual violence in relationships. However, because culture so strongly influences people's language, behavior, and their available options --and because abusers will often use cultural practices as an excuse for abusive behavior--counselors who lack knowledge or experience with the cultures of their group members will be at a disadvantage. To address this, it is recommended that facilitators and other program personnel receive training and develop resources within the communities represented by their clients. This will allow them to effectively challenge abusive behavior in all group members.

FACTS AT A GLANCE

- It is estimated that 7-23% of women in the U.S. are sexually abused by an intimate during their lifetimes.[1-5]
- 10% of teen girls experience a form of sexual abuse by a dating partner.[6]
- At least 1 out of 3 physically battered women also experience sexual abuse.[2]
- Sexual abuse is a "red flag" for severe physical abuse in the relationship.[2]
- Women who are sexually abused by their intimate partners are at increased risk for chronic stress, gynecological problems, depression, and other health problems.[4, 7]
- In the U.S., between 3-22% of boys are sexually abused as youth.[8]
- As many as 1 in 5 male prisoners in the U.S. may experience sexual coercion or rape during incarceration.[9]

The facts about intimate partner sexual abuse

Intimate partner sexual abuse (IPSA) may be defined as including a range of coercive behaviors from suggestive comments to forced intercourse. The scientific literature about sexual abuse within intimate partnerships is somewhat limited in scope; the bulk of available research has focused on marital rape, or forced sexual intercourse within heterosexual partnerships.* Far fewer studies examine more subtle forms of sexual coercion that take place within dating or intimate relationships.

It's unclear to what extent available research on sex offenders and sex offender treatment applies to intimate partner violence offenders who perpetrate sexual abuse within relationships. The vast majority of available research on sex offenders and their treatment focus on those who have perpetrated sexual abuse against children or non-intimates. Similarly, what we know about the impact of sexual assault on survivors in general likely applies to intimate partner sexual abuse survivors, but the specific psychological and physical sequelae of sexual coercion within intimate partnership has not been widely-investigated.

Despite the limited availability of scientific research that is specific to the perpetration of sexual abuse by intimate partner violence offenders, the findings that are available may help batterer intervention practitioners screen, confront, hold accountable and change the behavior of their clients who batter and sexually abuse. Please note that this review is not exhaustive. For more information and detail, interested readers should consult the full text of articles and book chapters cited.

<u>The prevalence of rape and sexual violence by intimates</u>

Among women, <u>the lifetime prevalence</u> of sexual assault by an intimate is estimated to be between 7-23%, depending in part upon how "sexual assault" is defined.

- According to the National Violence Against Women Survey, 7.7% of women and 0.3% of men experience rape by an intimate partner in their lifetime. (Note that this doesn't include forms of sexual assault other than completed or attempted forced vaginal, oral, and anal sex). American Indian/Native Alaskan and Hispanic women of any race appear to be at increased risk of intimate partner rape.[1]

- 18% of a random sample of 2,005 women enrolled in a health maintenance organization in 1995-1997 reported being forced into sexual activities by a husband, boyfriend or female partner during their lifetime.[4]

- 32% of Hispanic women receiving prenatal care in a public health clinic reported sexual abuse by male partners in a study of six different types of sexual abuse.[10]

- 23% of a random sample of 1,401 women who attended family practice clinics in 1997-1998 reported that at some point during their lives a partner had either badly hurt them during sex, forced them to have sex, or had injured their breasts or genitals.[2]

- The prevalence of sexual coercion (which doesn't involve force or the threat of force) has not been extensively researched, but the results of one study suggest that 25% of couples may experience "lesser forms of sexual aggression (i.e. coercion)" in their marriages.[5]

* For this reason, findings presented refer to heterosexual women unless otherwise specified.

The incidence of intimate partner sexual assault (that is, the number of new cases per year) has been estimated to be between 1 to 5 per 1,000 women.[1] According to the National Crime Victimization Survey and National Violence Against Women Survey, an estimated fewer than 1 man per 1,000 experiences intimate partner sexual assault in a year.[1, 11]

In physically abusive intimate relationships, sexual violence is common...

- Several studies have found that roughly 1 out of 3 abused women experience sexual, as well as physical, violence within the abusive partnerships.[2, 4, 12, 13]
- One study found that as many as 70% of battered women's shelter residents reported experiencing sexual abuse in their abusive relationship.[14]
- 44.3% of battered women responding to ads seeking research participants reported being sexually abused by their partners.[15]
- The Massachusetts Department of Public Health reports that 5% of the roughly 2,500 men who attend certified batterer intervention programs in the Commonwealth each year report—at their program's intake session—that they have sexually abused an intimate partner at some time.[16]

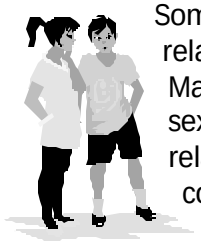
Prevalence of specific forms of intimate partner sexual assault (IPSA)

One review of intimate partner sexual assault studies summarized findings about specific sexual acts perpetrated against intimates in abusive relationships. According to the review, almost all IPSA survivors reported experiencing forced vaginal intercourse, and between 7-40% reported either forced oral or anal intercourse as well.[17] One study found that one-third of IPSA survivors were raped with an object, one-fifth experienced sexual assaults witnessed by their children, and 5% reported that their children were forced to take part in their sexual assault by the perpetrator. Some survivors reported being forced to engage in sex with other women, animals, expose themselves in public, or prostitute themselves.[7] Another study of pregnant, Hispanic women found that in the year prior to assessment, 21% had sex against their will, 11% had been forced to have oral sex, 7% had been forced to have anal sex, and 2% reported being forcibly penetrated with an object on multiple occasions.[10]

Intimate partner sexual assault is a global problem

Women outside of the U.S. experience sexual abuse by intimates at comparable rates. According to the World Health Organization's world report on violence and health, population-based surveys conducted between 1989-2000 in 19 nations found that between 8-47% of adult women report sexual victimization by an intimate during their lifetime.[18] Roughly 1-27% of women in these nations experience attempted or completed forced sex each year.[18] Sexual abuse of intimates has been documented in Brazil, Canada, Chile, Finland, Japan, Indonesia, Mexico, Nicaragua, Peru, Sweden, Switzerland, Thailand, Turkey, United Kingdom, West Bank and Gaza Strip, Zimbabwe and the United States.[18]

Teens experience sexual abuse in dating relationships



Some adolescents experience sexual abuse during their intimate and dating relationships. A recent study representative of school-attending teens in Massachusetts revealed that as many as 10% of girls have experienced a form of sexual abuse by a date.[6] This study found that experiencing sexual abuse in a dating relationship is associated with a number of other health risks for victims, such as using cocaine, considering suicide, heavy smoking, driving after drinking, having an increased number of sexual partners, binge drinking, eating disorder behavior, becoming pregnant and earlier sexual initiation.

The prevalence of intimate partner sexual abuse in same-sex relationships

Gay, lesbian and bisexual people may experience sexual abuse as frequently as heterosexual women. Studies find that 11-31% of lesbians, 5-13% of gay men, and 7% of bisexual people report experiencing sexual abuse in their current or most recent relationship.[1, 19-21] One important caveat about the Turrell study is that she was unable to ascertain whether the perpetrators of the sexual abuse were in fact the same sex as the victim (it's possible the gay, lesbian and bisexual victims were abused by opposite-sex partners in their most recent relationships). Additional research that will help establish more reliable estimates of the prevalence of same-sex intimate partner sexual abuse is needed.

Sexual abuse as an indication of violence severity and frequency

IPSA survivors may be at increased risk for severe and repeated physical violence in their abusive relationships as compared to survivors who experience non-sexual physical and psychological abuse. The results of at least two studies indicate that women who report being sexually assaulted by intimates also experience more severe physical violence as compared with abused women who report experiencing either physical or emotional abuse alone.[2, 10] Furthermore, men who physically and sexually assault their partners are more likely to severely injure or kill their wives as compared to men who are only physically abusive.[12, 15]

Studies of IPSA survivors also reveal that those who are sexually abused may be revictimized frequently. For example, several studies have found that women who are raped by their husbands are unlikely to be raped only one time during the relationship. Rather, victims of marital rape are likely to be raped twenty or more times before the relationship with the abuser ends, perhaps as often as several times each month.[12, 22-24]

Risk markers for sexual abuse by an intimate

The following factors have been identified as "risk markers" for IPSA. To be clear, "risk markers" are not the same as "causes." In other words, the following factors may be associated* with IPSA perpetration or victimization, but they are not necessarily the reason(s) why the abuse starts. This distinction can help prevent victim-blaming, and keep focus on fundamental possible "root causes" of IPSA in addition to individual-level risks.

* For example, we can say that drinking milk is associated with being a child, but that doesn't mean that drinking milk causes people to become children!

Intimate partner sexual abusers are more likely than their non-abusive counterparts to be or have...

- Ten or more years older than the victim.[2, 25]
- Unemployed.[2]
- A drug or alcohol problem.[2]
- Had a greater number of sexual partners in lifetime.[26]
- Severely physically violent.[5]

Intimate partner sexual abuse victims are more likely than their non-abused counterparts to be or have...

- Ten years younger than her abusive partner.[2]
- Not graduated from high school.[25]
- Younger than 30 years old or older than 50 years old.[25, 27]
- Unemployed or a member of a low income family.[2, 25]
- Witnessed physical or psychological intimate partner abuse in family of origin.[2]
- Been sexually abused as a child.[25, 27]
- A victim of incest.[25]
- Menstruated at a young age or had her first sexual experience at an early age.[27]
- Be attempting to leave the relationship, be separated or divorced.[2, 22, 23, 28]
- Alcohol problems.[2, 27]
- Pregnant.[13, 28]
- Been raped by someone other than an intimate.[23, 25]
- Ill or recently discharged from the hospital.[17, 28]
- Poor body image and low self-esteem.[15]

Possible causes of intimate partner sexual abuse

The cause, or multiple causes, of IPSA have not been conclusively established. Various researchers and authors have suggested several possible explanations for why IPSA occurs.

(1) Perceived sexual rights in intimate relationships

Some people feel that a married, cohabiting or other intimate partner has a duty to provide sex. If the sexual obligation is not met, the use of force is justified. IPSA may arise when people act upon the misconception that it is legal or unproblematic to obtain sex by force within the context of a marriage or intimate relationship.

(2) Perpetrators (and some victims) may not know what "counts" as sexual abuse

It has been proposed that a portion of IPSA, especially among college-age or adolescent populations, occurs because of confusion about what constitutes forceful sexual activity. The necessity of ensuring that sexual partners are able to consent and give consent for all sexual contact is stressed through prevention programs on many undergraduate campuses.

(3) To reinforce power

In some relationships, forced sexual activity may be a tool used by an abuser to establish or reinforce a position of power in the relationship. Like physical and psychological abuse, sexual abuse may be used to terrorize and subordinate the victim.

(4) Belief in rape myths

"Rape myths" are commonly held beliefs about rape or sexual assault that are incorrect and endanger victims. Rape myths support the idea that some people deserve, desire or benefit from sexual abuse. For example, a common but incorrect belief about rape is that once two people have participated in consensual sex, it is not technically possible for one to rape the other because consent to all future sexual activity is implied. People who adhere to rape myths may become sexually abusive because they are acting in accordance with these dangerous misconceptions.

(5) Sexual compulsion/dysfunction

Sexual compulsion or psychopathology on the part of the perpetrator may be the cause of a proportion of IPSA. The proportion of batterers who have sexual compulsions or dysfunctions is unknown, as is the proportion of sex offenders who are abusive to intimate partners.

Consequences for victims

The psychological trauma of being sexually abused has been widely documented. Among the psychological sequelae of IPSA are post-traumatic stress disorder, suicidality and depression.[12, 29] One study found that 36% of women who reported being raped by a spouse (without being simultaneously physically assaulted) feared they would die during the assault.[30]

Less well known is the fact that women who survive IPSA frequently sustain other, non-psychological injuries and disorders as a result of the abuse. For example, battered women who experience sexual violence may sustain cuts, bruises or muscle tears in the vagina or anus, broken bones, vomiting, fatigue,[13] and are more likely to develop cervical cancer than their non-abused counterparts, or as compared with women who experience emotional abuse alone.[31] Reasons for the increased risk of cervical cancer among abused women include higher human papilloma virus transmission (HPV) rates, and increased stress or coping behaviors (such as smoking). IPSA survivors are also more likely than non-assaulted counterparts to experience chronic stress and gynecological problems,[4] chronic pelvic pain and psychiatric disorders,[32] vaginal bleeding, leaking of urine, miscarriages, stillbirths, and unwanted pregnancies,[7] gastrointestinal disorders,[33] eating disorders[34] and other medical problems. IPSA survivors who become pregnant are also twice as likely as non-abused women to delay prenatal care until the third trimester.[35]

It is also noteworthy that at least one study has found an association between high frequency of rape in a partnership and the victim's perpetration of homicide. According to the results of this study, 76% of battered women who killed their partners had experienced rape by their partner, as compared with 59% of the battered women in the control group (who had not killed their partners).[12]

Batterers and Incest Perpetration

Not only are batterers at increased risk for sexual abuse of their adult intimate partners, but they appear to be at increased risk for sexually abusing their children. As reported by Silverman & Bancroft (2001), one case-control study of father-daughter incest found that daughters of batterers were 6.5 times more likely to be victims of incest than other girls.[36] Silverman & Bancroft also highlighted research by McCloskey et al., who found that almost 10% of battered women in their sample reported incest perpetration by their batterer while less than 1% of the non-battered participants reported the same.[37]

Based on their review of the literature, Bancroft and Silverman point out that incest-perpetrating batterers are likely to be highly psychologically abusive of their adult partners, but may only use medium or low-level physical violence. Batterers who sexually abuse one or more of their children may draw their child-victim into special alliance with them, project a public image antithetical to that of a stereotypical sex offender, lavish attention upon their child victims, and put particular focus on damaging the mother-daughter connection in order to create a family environment in which the incest may take place. Batterers who perpetrate incest are likely to impose secrecy on their victims, attempt to characterize their victims as crazy if they make abuse accusations against them, and to rely on psychological manipulation more than physical force in order to enact the abuse.[38]

Sex offender research

As batterer intervention and sex offender management specialists begin to work together on the cross-cutting issue of intervening with perpetrators of intimate partner sexual abuse, new approaches and techniques for preventing IPSA will hopefully be forthcoming. Traditionally, researchers who study sex offenders tend to look for psychopathological explanations for their behavior, and sex offender management professionals tend to reply upon psychiatric or psychotherapeutic strategies for intervention. Batterer intervention experts tend to view the majority of intimate partner abuse behavior—including intimate partner sexual abuse—as rational behavior that reflects cultural norms and personal beliefs. Accordingly, intervention with batterers typically incorporates discussion of the social context in which abuse takes place. Collaborations between sex offender management experts and experts in batterer intervention may face initial challenges, but are vital for progress in both fields.

The research on sex offenders indicates that childhood emotional, physical and sexual abuse increase risk of sexual abuse perpetration.[39] In addition, there is some evidence that adherence to traditional gender ideology may exacerbate sexually aggressive tendencies.[40] The debate about whether pornography inspires sexual violence continues, with evidence to support both sides.[41, 42] While the causes of sexual abuse perpetration likely vary depending upon the relationship between the perpetrator and victim, it has been suggested that sex offending may be caused by sexual addiction, impulsive sexual urges, sexual attraction to children, and sexual arousal due to domination or sadism. It is not clear to what extent IPSA perpetrators may be motivated by similar factors.

Like batterer intervention, sex offender treatment has been shown to lower recidivism among perpetrators.[43] One meta-analysis found that forms of treatment in use prior to 1980 appeared to have little effect, but that more recent methods (such as cognitive-behavioral and systemic therapies) are associated with reductions in both sexual and general recidivism.[43] Nonetheless, sex offenders who complete treatment may still re-offend—according to a meta-

analysis of 61 recidivism studies, roughly 13-40% of sex offenders recidivate after their first offense. Victim empathy was not found to decrease the risk of recidivism.[44]

A recent study of polygraph testing and sex offenders' self-reported sexual histories found that significantly fewer juvenile and adult sex offenders reported having been sexually abused themselves as children after undergoing polygraph testing (among juveniles the proportion dropped from 83% to 17%, and among adults 61% t o 30%). The authors of this study question the "Sex-Offender-As-Victim" paradigm, and suggest that psychotherapy may not be the most effective tool for treating the subset of sex offenders who misrepresent their sexual histories, as their ostensible motivation for change (recovering from childhood sexual abuse) is non-existent.[45]

The prevalence and consequences of male childhood sexual abuse

Studies have found that between 3-22% of males have experienced some form of sexual abuse as children.[8, 46, 47] Boys who are non-white, live with a single mother or no parents appear to be at increased risk for victimization, as do boys with divorced, separated, alcoholic or criminally involved parents.[8]

The consequences of suffering sexual abuse in childhood are debilitating for many men. Clinicians (i.e. Lew, Lisak), have reported that men who are sexually abused in childhood may experience self-blame, self-harmful behavior, problems with intimacy, and sexual dysfunctions. There is also evidence that compared to non-abused counterparts, men who are sexually abused in childhood may face increased risk of:

- becoming substance abusers[8, 48, 49]
- developing post-traumatic stress disorder, depression, paranoia, borderline personality disorder or aggressive behavior.[8, 49, 50]
- poor school performance, running away from home, and participating in illegal activities.[8]
- acquiring sexually transmitted diseases, exchanging sex for money, having unprotected sex, having more sexual partners during their lifetime, and causing unplanned pregnancies.[8]

If you are a batterer intervention counselor, you may wonder how likely it is that boys who are sexually abused as youth will go on to perpetrate sexual abuse against others as adults. While individuals' risk must be assessed by clinicians who can take into account a multitude of factors that may affect their overall risk of future sexually aggressive behavior, one study based in the U.K. found that 1 in 10 boys who are sexually abused as youth are at risk for being convicted of a sex offense in adulthood.[51]

Rape of prison inmates

For many reasons, it's difficult to obtain reliable estimates of prison rape. This fact notwithstanding, one study of mid-western U.S. prison inmates found that as many as 22% of male prison inmates had been coerced or forced into unwanted sexual activity during their incarceration.[9] A full 13% of inmates reported being raped in prison. A significant proportion of these forced sexual encounters were reportedly perpetrated by prison staff. Batterer intervention program counselors should be aware that a proportion of their clients who have served prison time may have been sexually coerced or assaulted during their incarceration.

Conclusions

Sexual abuse of intimates is prevalent in the U.S. and other nations, and sexual abuse of women in physically abusive relationships is particularly common. IPSA survivors are likely to experience frequent and severe physical and sexual assaults in their abusive relationships. IPSA survivors are also at increased risk for post-traumatic stress disorder, suicide, depression, cervical cancer, substance abuse, eating disorders, and gastrointestinal problems.

Various researchers and authors have proposed several theories about why some people sexually abuse their intimate partners. Possible reasons for IPSA suggested include perceived rights to sex with married or other intimate partners, not knowing what "counts" as sexual abuse and consent, a desire to intimidate and dominate the victim, belief in rape myths, and psychopathology or sexual dysfunction. Age differences between partners and relative youth of women may heighten the risk of sexual abuse in partnerships, as does alcohol abuse on the part of the perpetrator and/or victim, divorce or separation from the perpetrator, having a low or no income, and childhood factors such as witnessing domestic violence, experiencing sexual abuse or incest as a child, and being raped by a non-intimate at any point in one's lifetime.

Some people who attend batterer intervention programs may have been sexually victimized themselves as children or adults. These sexual assault survivors may display one or more symptoms of post-traumatic stress disorder, depression, aggression, substance abuse, sexual dysfunction or participate in risky sexual behavior. Batterers who have sexually abused intimates may be at increased risk for perpetrating incest, and may inflict more severe physical violence upon their victims.

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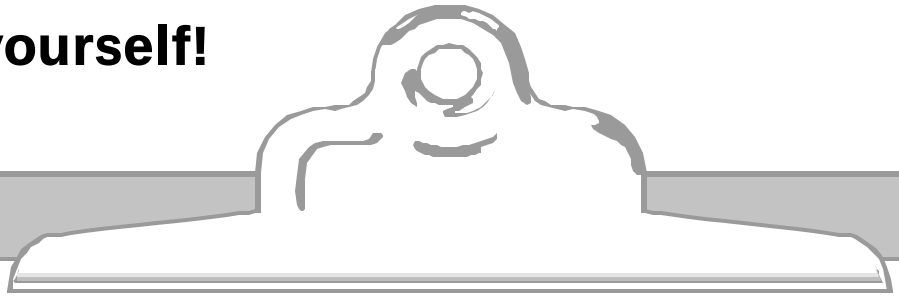
Test yourself!



1) What proportion of your program's clients have likely sexually abused their victims?

a) All of them b) 1 out of 2 c) 1 out of 3 d) 1 out of 12

2) What proportion of teen girls in Massachusetts high schools have experienced a form of sexual abuse by a dating partner?

a) 10% b) 8% c) 6% d) 4%

3) Which one has *not* been demonstrated to be associated with surviving intimate partner sexual abuse?

a) depression b) cervical cancer c) eating disorders d) claustrophobia

4) What proportion of your clients were likely sexually abused as boys?

a) 1 in 20 b) 1 in 5 c) 1 in 2 d) all of them

5) According to one study conducted in the U.K., what proportion of sexually abused boys became sex offenders as adults?

a) 1 in 20 b) 1 in 10 c) 1 in 5 d) all of them

6) According to one study, what proportion of male prison inmates are estimated to be coerced or forced to have unwanted sexual contact?

a) 1 in 20 b) 1 in 10 c) 1 in 5 d) all of them

Answers: 1c, 2a, 3d, 4b, 5b, 6c

Some facts about Sexually Transmitted Infections (STIs)

National STD Hotline: (800) 227 – 8922

(for more resources, see the appendix at the end of this curriculum)

It's important to talk to people who batter about sexually transmitted infections. Many of the risk markers associated with perpetrating intimate partner abuse are also risk markers for acquiring sexually transmitted infections (such as alcohol and drug use, unemployment, criminal history or earning low income). If your clients change sex partners frequently, have unprotected sex, and don't inform their sex partners about their STI status, it's particularly important that they receive safer sex information—for their own health and for the safety and well-being of their partners and children. (Some STIs can be transmitted during pregnancy or birth).

Here are some basic facts about sexually transmitted diseases in the United States. You can use these statistics to stress to your intervention population that sexually transmitted diseases are:

- common
- important to diagnose and to treat
- "a fact of life" – (i.e., it doesn't mean that infected people are dirty, bad, or are being "punished." This may be particularly important for clients whose partners have an STI.)

▶ Testing and treatment are necessary and important.

Disease	**Incidence** (Estimated number of new cases every year)	**Prevalence** (Estimated number of people currently infected)
Chlamydia	3 million	2 million 70.4 per 100,000 men; 4-14% of infected women have no symptoms Up to 80% of women and 40% of infected men have no symptoms
Gonorrhea*	650,000	136 in 100,000 men 80% of infected women and 10% of infected men show no symptoms
Syphilis*	70,000	750,000 people in the U.S.; 3.0 per 100,000 men
Herpes (HSV-2)	1 million	45 million, or 1 in 5 people in the U.S.
Human Papilloma Virus (HPV)	5.5 million	20 million 75% of the reproductive age population has been infected with HPV 1% of sexually active adults in the U.S. have genital warts
Hepatitis A	35,000 when the infection rate was at its highest	33% of people in the U.S. have evidence of past infection (and are now immune)
Hepatitis B	120,000	417,000 5% of the U.S. population has ever been infected
Hepatitis C	25,000	2.7 million people in the U.S. 80% of those infected have no symptoms
HIV	40,000	800,000-900,000 2.3% of the U.S. heterosexual male adult population that does not inject drugs is living with HIV (roughly 13% of heterosexual male injection drug users are living with HIV).

*No recent surveys on national prevalence for gonorrhea, syphilis have been conducted.

Note that the prevalence of STDs is higher among incarcerated populations

These statistics are taken from the Centers for Disease Control report that can be found at this website: http://www.cdc.gov/nchstp/dstd/Stats_Trends/Trends2000.pdf
The HIV/AIDS facts can be found here: http://www.cdc.gov/hiv/pubs/hivprevalence/overview.htm#summary

Notes

Lesson plans and exercises

Topic A: Defining sexually abusive behaviors

Included:

- ☑ The Continuum of Sexually Abusive Behaviors Checklist and Discussion Questions
- ☑ Sexual Respect Checklist and Discussion Questions
- ☑ Role Play Exercises

Activity 1: The Continuum of Sexually Abusive Behaviors

Type of activity: Group activity and discussion

Purpose: To understand the full range of behaviors that can be sexually abusive

Time: Brainstorm, 20-30 minutes
Discussion, 20-40 minutes
} can take longer, as needed

Facilitator Instructions:

Write the following topic-headings across a blackboard or newsprint:

Physical Emotional Verbal Economic Using Children

Have the group define each category of abuse and then brainstorm examples of **sexually abusive behaviors** that fall under each category (see below for ideas to get them started!).

Ask the participants to speak from their general knowledge first and then to add examples of things they have done themselves.

Prompt discussion by asking for specifics with each answer given. For example, if a participant says "Saying things she hates during sex" you might write up "unwanted language during sex" but then prompt further exploration by asking the question "what kind of language?" If the group members are unable to supply specifics, the leaders should do so.

As a final step, encourage the group to list behaviors that they might not think of as having to do with sex directly, but likely affect victims' comfort to be sexual within a relationship. For example, telling a partner she is stupid may not usually be considered sexual abuse. Can group members picture how the memory of being told that she is stupid might affect a woman who is having sex with the person who said that?

VARIATION: One program in Massachusetts tested this activity and found that it was useful to have the participants break into small groups. Each group was responsible for brainstorming examples of one category, and then reporting back to the whole group. The facilitator reported that the activity takes more time this way, but that it requires the quieter group members to participate actively.

NOTE: Whenever lists of abusive behaviors are generated for use in batterer intervention program groups, it's critical to emphasize that the context in which many of the listed behaviors take place is important. One concern shared by many facilitators and advocates is that batterer intervention program clients will use lists in order to "prove" to partners that *they* are the ones who are abusive. Some of the examples of sexually abusive behaviors you will see listed on the next page, such as "withholding sex", are context-dependent.

The following are examples of the kinds of behaviors that should appear on the list and which can be added if group members do not include them. Additional examples can be found on the Sexual Abuse Checklist in this section of the curriculum.

Physical

- Unwanted penetration
- Unwanted sex acts or positions
- Cheating
- Unwanted sexual grabbing or touching
- Having sex or sexual contact while partner is asleep
- Forcing sexual contact with another
- Coercing sexual contact with another (e.g. by being moody, having affairs, comparing partner to others or getting partner drunk or high)
- Making sex painful
- Not responding to partners needs (sexual insensitivity)
- Ignoring partners comfort with sex acts (sexual selfishness)
- Forced participation in pornography
- Forcing or preventing abortion
- Giving partner an STD on purpose or out of negligence

Emotional

- Using pornography against partners wishes
- Pressuring partner to use pornography
- Taking unwanted sexual pictures
- Withholding sex or sexual affection to punish or make partner feel bad
- Giving sex or sexual affection to get partner to do something favorable
- Ogling other people in partner's presence
- Not allowing birth control
- Forcing birth control
- Refusing to participate in birth control
- Refusing to participate in STD prevention
- Using words or actions that will refresh memories of abuse as a way of scaring or manipulating partner
- Humiliating partner for having sexual fantasies

Verbal

- Offensive comments during sex
- Unfavorably comparing partner to others
- Insulting partner's body or sexual ability
- Sexual threats
- Calling partner cold or a slut or other sexually degrading names
- Shaming for wanting sex
- Shaming for wanting certain sex acts
- Jokes about partner's sexuality
- Mentioning others during sex
- Telling others about intimate matters
- Accusing partner of infidelity
- Accusing partner of perpetrating abuse
- Unwanted language during sex
- Blaming partner for other times s/he has been abused by the abusive partner or others
- Using cultural-specific sexual put-downs (using language that is particularly hurtful to people from the partner's culture.)

Economic

- Giving money or gifts for sex
- Withholding money because of sex
- Forcing prostitution or stripping
- Connecting sex to money (If I'm in a good mood I might buy…)

Using Children

- Threatening kids if partner doesn't "cooperate"
- Implying sexual interest in kids to control partner
- Telling kids sexual information about partner
- Being loud enough during sex for kids to hear
- Threatening to be loud enough if partner is "uncooperative"
- Having sexual relationship with kids including sexualized touching or handling
- Comparison of partner to same-gender kids
- Exposing children to pornography
- Sexually abusing partner in front of children
- Forcing children to have sexual contact with partner
- Using sexual language in front of children

Continuum Activity Discussion Guide

Question for group:	Facilitator notes:
1. Is every behavior that we wrote down in the exercise abusive in every situation?	The answer is no, even though there are some that are abusive at all times. Every relationship is different and it is possible for partners to agree that certain behaviors are acceptable in their relationship. However, it is imperative that those with a history of abuse *act with caution and assume the kinds of behaviors listed in the exercise are abusive. To be non-abusive and respectful both partners must discuss what is wanted freely, openly and in detail.* This is an important question to ask early on in the discussion because it can help to pre-empt the "what if" conversations that can flow from an exercise such as this. For example a participant might say "What if I tell my buddy something about or sex life? What's the big deal? Everybody tells a little bit." The leader can follow up by asking the group if power is being exploited by "telling the buddy" and getting the group to discuss the situation by asking questions such as: Is the buddy someone she would be embarrassed to have know? Someone she doesn't like? Someone in the family? What type of information is being revealed?
2. How do the behaviors in the other three categories connect to physical sexual abuse? Why is it important to think about the connection?	It's easy to think of sexual abuse as limited to rape or other forms of physical sexual harm. But, as with all abuse, the emotional, verbal and economic are tied to the physical. For example, withholding sex, while non-physical, puts the withholding partner in control of the couple's sexuality. It therefore makes it more difficult for the other partner to assert his or her own needs when sex is "given." (Please see context note on page 21). Insults about a partner's appearance communicate the message that the speaker is not attracted to their partner. This means that when they have sex, the partner will feel unattractive to his or her lover and, therefore, demeaned and disrespected.
3. What's the difference between force and coercion?	The two words should be taken together to include all means of compelling someone to act against their will. While the word force may suggest a greater degree of physical violence, non-physical forms of coercion can be just as powerful. For example, getting a partner to submit to sex by saying "If you don't I'll be in a bad mood all week and the kids will pay the price," is no less abusive than physically forcing submission. In the context of battering, many behaviors become abusive that in a healthy relationship would not be.

Additional prompts that are useful throughout the discussion include:

- How might this make the partner feel?
- How is this an exploitation of power?
- What would be a respectful way of handling the same situation?

Activity 2: The Sexual Respect Checklist

Type of Activity: Group activity or homework; optional follow-up discussion

Purpose: To establish standards of behavior for a sexually respectful relationship.

The exercises and information in this section are helpful when first introducing sexual violence issues to a group. Participants will learn to identify and explore basic concepts of sexual respect and sexual abuse.

Time: 20–40 minutes

Facilitator Instructions:

The following sexual respect checklist is a worksheet to hand out to group participants. Facilitators should review the entire checklist with the group before handing out the assignment.

Either in group or at home, participants should check off the items in which they have engaged. Participants should be prepared to discuss their ideas about all of the items listed, including reasons why it's difficult to do some of them, and strategies for overcoming those difficulties.

NOTE: Because the items on the checklist are positive behaviors that should be engaged in on a regular basis, the checklist can be used in an ongoing manner.

Handout: The Sexual Respect Checklist

Communication

__ Learn how your partner agrees to sex, and how he or she says " no"

__ Learn how your partner communicates about sexual activities

__ Willingly and openly discuss sexual desires and tastes in a manner that is comfortable for both

__ Answer questions honestly (Question: How is this different from interrogating your partner?)

__ Disclose sexually transmitted disease status and HIV status before beginning a sexual relationship

__ Disclose affairs

__ Openly discuss birth control and reproductive health choices

Attitude

__ Listen to your partner's sexual desires and tastes without making him/her feel badly about them (even though you may decide that they aren't your style)

__ Identify negative assumptions and self-talk about your partner's goals and intentions; replace negative assumptions and self-talk with positive assumptions and self-talk

__ Identify your thoughts (not just physical desires) when you want to have sex; if there's an element of wanting to control or punish your partner, don't pursue it

__ Identify your thoughts when you don't want to have sex; if there's an element of wanting to control your partner, don't pursue it

__ Examine gift-giving and financial support of partner to be sure it is not connected to your sexual satisfaction

__ Identify your partner's emotional needs and their connections to his or her sexuality

Behavior

__ Accept all limits your partner places on sexual behavior

__ Notice and respond to your partner's needs and desires

(Question: How is this different from saying "do whatever your partner wants!")

__ Notice and respond to your partner's levels of comfort and discomfort

__ Participate in birth control in a non-controlling manner

__ Be certain all discussions of sex or sexual behavior are out of sight and hearing of children

__Support your partner's positive body image with positive words and actions

Activity 3: Role-Play Exercise

Type of activity: Group role-play

Purpose: To develop skills in sexually respectful behavior

Time: 15–30 minutes per role-play

Facilitator Instructions:

The following non-scripted role-plays illustrate particularly difficult points and can be used as needed throughout your program's segment on sexual abuse. Group leaders should consider the makeup of a group in determining whether role-plays should be performed by the co-leaders or whether participants should play parts themselves.

While there is often humor in a role-play situation, it is important that role-plays not be turned into jokes or opportunities for homophobic (anti-gay or anti-lesbian) comments. Put an immediate end to this type of joking by labeling it as oppressive.

Role Play 1: How body image affects sexuality

Begin with a negative comment that a group member has made about a partner's appearance. (For example, "you look like a slut when you wear that dress.")

Role-play the partner's response and how the conversation might play out: the partner might say something hurtful in return, cry, or become angry.

After a few exchanges, have the abusive partner suggest or request sex; role-play the partner's response, which might include surprise, fear, hurt or anger.

Discussing Role-Play 1

- If the partner says something hurtful in response to the abuser, discuss reasons why she (or he) might have made the comment.
- Discuss how the partner would feel about sex after being insulted (or receiving a negative comment).
- Discuss the intentions behind the abusive partner's words and actions.

Role Play 2: How partners say no

Begin with a group member's comment about how a partner or date was "only playing hard to get" when he or she said "no."

Role-play a situation in which an abusive partner is trying to get a date to have sex with him or her. The date might say "no" in various ways including, "I'm not comfortable," "I like you a lot but I don't want to have sex," "I don't like to have sex until at least the third date," or, "I'm tired." Experiment with non-verbal ways of saying no, too, such as turning away, shaking one's head slightly, frowning, shifting back and forth uncomfortably, or backing up.

Have the abusive partner become increasingly aggressive, adding pressure and using tactics like sulking or pouting. The partner's response might then range from fear to anger. The partner might also shut down and become silent.

Discussing Role Play 2

- Ask participants to share verbal and non-verbal responses they have heard from dates who are saying no to sex.

- Ask what reasons dates or partners might have for using these responses rather than just using the word "no".

  Note: Some group members might think their partners respond negatively because they're playing "hard to get," or trying to get the upper hand in the relationship. Facilitators should point out that such assumptions are examples of negative thinking (called "negative self-talk" at Emerge-model programs). Group members should challenge these types of negative thoughts when they catch themselves engaging in them.

- Discuss the partner's response to the increased aggression. For example, if the partner became silent or still during the role-play, that might mean that he/she was afraid. If the partner became angry, it might show that he/she doesn't like being pressured.

Notes

Topic B: What counts as rape?

Included:

- ☑ Legal Definitions Handout And Discussion Guide
- ☑ Personal Definitions Of Rape Group Activity And Discussion Guide
- ☑ Scenarios For Discussion

Activity 1: What Counts As Rape In Intimate Relationships? Legal definition handout and discussion guide

Type of Activity: Group activity and discussion questions

Purpose:
1. To learn about rape law in an historical context
2. To build empathy for rape survivors' by considering rape law from a survivor's perspective
3. The purpose of the exercise is NOT to debate the merits of the law.

Time: 30–60 minutes

(Facilitators should decide the length of discussion based on the sophistication of the group. The more advanced the group, the longer the discussion should be.)

Facilitator Instructions:

- Distribute the handout on the legal definitions of rape. Give the group an opportunity to review the handout while you write key points on a blackboard or newsprint.
- Ask one member of the group to read the first entry out loud and continue until the entire timeline has been read. (Alternate option: you can read the entire timeline to the group. As the entries are read, mention how the law has changed in response to social attitudes.)

Legal Definitions of Rape Discussion Guide

- When the entire timeline has been read, tell the group the purpose of the exercise:
  1. To learn about rape law in an historical context
  2. To build empathy for rape survivors by considering rape law from a survivor's perspective
  3. The purpose of the exercise is NOT to debate the merits of the law
- Ask the group: from a survivor's perspective, has the experience of intimate partner rape changed with the legal definition?
- After some discussion, inform the group that psychological effects of sexual violence are often more severe and longer lasting when the perpetrator is a husband or intimate partner.

Legal Definitions of Rape Discussion Guide Continued

Prompt the group to think about the fact that many of the effects of rape on victims are the same whether or not the law has been broken, and whether or not the term "rape" is applied. Though using different words to describe their experience, survivors of rape have described similar effects over centuries and across nations.

Use the following quotes throughout the discussion to illustrate the survivor's perspective. Each quote is by a woman who has survived intimate partner rape:

> *"In my mind, I could picture some scumbag down the street who would do that to me, but it wasn't any different because I was married to him, it was rape—it was very clear what it was. It emotionally hurt worse [than stranger rape] might. I mean, maybe you can compartmentalize it if it is stranger rape—you can tell yourself that you were at the wrong place at the wrong time. If you're at home with your husband, you don't expect to be attacked or hurt or abused. I was under constant terror [from then on], even on the days when he was in a good mood."*
>
> *"When my partner did this to me, I remember thinking that it's the same thing as a woman being raped. I remember crying and not being able to leave the bed, and in my head, I knew what I was going through was rape." [male raped by a male partner]*
>
> *"He shoved me down.... and I said 'what are you doing?...No, I don't want this!' ..... it was so painful and I just remember being so repulsed."*
>
> *"[After each rape] I was real upset and I would cry afterward. I felt so terrible and it didn't even bother him."*

Instructor's Note: The two sessions of the "what counts as rape" topic are different from the rest of this curriculum. They are different in that they are intended to be purely educational, rather than tools for confronting participants or drawing them into discussions about their own behavior. It is recommended that group leaders avoid using the real experiences of group participants as examples during these two sessions. The reason for this is that you will be discussing laws, and it may be easy for participants to become distracted by talking about their own legal issues.

The discussion questions provided should prompt participants to think about rape, and the question of "what counts as rape?" from a survivor's perspective.

Be warned! Some group members may argue that even if attitudes and laws about rape were once unfair to women, nowadays the law and society's attitudes are unfair to those accused of rape. Men of color, in particular, may want to talk about court systems that are biased against them.

It is important not to engage in debate about the fairness of the law or the possibility of false accusations. As a facilitator, you can acknowledge that false allegations of rape are extremely rare and that personal opinions may differ about the fairness of the law. Then, bring the conversation back to the victim's perspective.

Use prompts such as: "Put yourself in the victim's shoes. Would that seem fair to you?"

Or, ask another person in the group to try to respond with the victim's perspective.

Handout: What Counts as Rape in Intimate Relationships? Changing Legal Definitions

The legal definition of rape in intimate partner relationships varies from state to state and across countries. In the United States, the legal definition has changed dramatically throughout history, and so have people's attitudes. The following timeline shows how the definition has changed over the years.

TIMELINE

1800s

Throughout the 1800s it was accepted that marriage gave a husband the right to sex with his wife whenever he wanted. The same ideas extended to unmarried couples who had a history of consensual sex. The Massachusetts court was the first US court to formally adopt the "spousal rape exemption," the law that exempted husbands from possible prosecution for raping their wives. Other state courts throughout the country adopted similar laws.

Early 20th Century

In the late 1800s and early 1900s women's and other activist movements focused public attention on physical and sexual violence in domestic relationships. The marital rape exemption was challenged in US courts, but continued to prevail. The majority of reported rapes were reported to medical establishments or social service agencies, but not to police.

Late 20th Century

In the late 1960s and early 70s rape and sexual violence once again became primary social issues. In 1971 the first rape crisis center in the US was opened. By 1978 the marital rape exemption was receiving negative media attention on a national scale. State courts began to overturn the exemption.

In 1988 The United States Attorney General declared "wife abuse" to be the leading health hazard to women.

Rape remained the most underreported of all violent crimes. In an effort to increase reporting and prosecution, states began to pass "rape shield" laws. These laws were intended to make trials fairer to victims by regulating the amount of information about their sexual history that could be brought into the trial.

21st Century

No state in the United States recognizes the marital rape exemption.

Rape shield laws are in place in courts across the country

Activity 2: Personal Definitions of Rape

Type of Activity: Group activity and discussion guide

Purpose: 1. To explore the meaning of consent in sexual relationships

2. To establish standards of behavior regarding consent in sexual relationships

Time: 20-30 minutes per scenario

Facilitator Instructions:

Write the modern legal definition of rape on a blackboard or newsprint, as follows:

THE FORCED PENETRATION OF A BODILY ORIFICE WITHOUT CONSENT

- Tell the group that the definition still varies from state to state but the above wording is broad enough to encompass the spirit of most state laws.

- Explain that "consent" means *agreement*. When discussing sex, consent means agreement to engage in the particular sex act that the other person wants.

- Using these definitions, discuss whether the following scenarios "count as rape." Read the scenarios aloud to the group. Note that the scenarios are written from the abusive partner's point of view in order to focus discussion on the abuser's beliefs and behavior. However, the group leaders should continue to prompt participants to consider the victim's point of view.

Scenario 1

Carlton's Story

"I had had three dates with Lucy, a woman I met through a friend. On our second date we saw a movie where the couple had rough sex. Lucy laughed and said it looked like fun. On our third date we had sex. She struggled away and said 'no, don't' but I remembered what she said at the movies and I figured she was just playing. I was surprised when she wouldn't talk to me the next morning."

Discussion Questions	Facilitators' Notes
1. What are some reasons that Lucy might not want to talk afterwards?	This is a chance to discuss how partners feel if they are part of sex acts to which they don't consent. Feelings addressed should include fear, anger, distrust and sadness.
2. Should it matter that Carlton *thought* Lucy meant yes? Why or why not?	Some may respond by saying that Carlton did nothing wrong because he had a good reason to think Lucy was playing around when she said "no." Facilitators should point out that consent should be clearly stated, not assumed, so that no mistake can be made. If a partner says "no" it must be taken to mean "no."
3. What could Carlton have done differently to be sure of Lucy's consent?	This is the facilitator's opportunity to talk about the behavior expected of group members**.** In the end, the only way to know whether or not the other person means "yes" is to ask them. By the end of the session group members should be clear that they are expected to ask their partners openly and explicitly about their sexual goals. Tell participants that this is always necessary with a new partner, and that their current partners will likely appreciate the clarity, even if it seems silly to the participants at first to do this.

Scenario 2

Marvin's Story

"Kecia and I had been married for four years when we had a fight one night and I hit her across the face like I'd done a few times in the past. She cried and got mad and I felt bad. I wanted to make up with sex. She said 'no' but she didn't push me away or fight me. The next day she said I raped her."

Discussion Questions	Facilitators' Notes
1. What reasons might Kecia have for not physically fighting back?	When a person has just been assaulted they are usually afraid of further violence by the person who assaulted them. Kecia may have been afraid of further violence from Marvin if she tried to fight back. This is especially true where there is a history of violence or other reasons to believe that the person resisting will not win the fight (such as lesser size or strength).
2. If Kecia didn't physically fight back, can it still be rape?	Yes. Given the reasons discussed above, physical fighting is not and should not be required to show that a person is not giving their consent.
3. What if Kecia had fought back at first and then given in, after a struggle? Would that mean that she had changed her mind?	The bottom line is "no" means "no." When Kecia said no in the first place, Marvin should have stopped trying to have sex with her. If she seemed to change her mind after a period of fighting, chances are that she gave in to keep from being hurt worse. Marvin is responsible for getting clear consent from his partner. It isn't fair to ask for that consent after he has tried to physically force her, requiring her to "fight back."
4. What could Marvin have done differently to be sure of Kecia's consent?	Marvin should have taken Kecia's "no" to mean "no." If, for some reason he wanted further clarity, he should have asked her in a manner that made it clear that there would be no consequences for saying "no." See number three above, under Carlton's story, for more information.
5. What do you think about Marvin's idea that he could make up from a fight through sex? Is "make up sex" a good idea or a bad idea? What is unfair about "make up sex" to the person who is being abused in a relationship?	Using sex to express feelings of remorse or to attempt accountability is inappropriate and unfair to victims of abuse. Victims of abuse who are approached for sex may not be able to give consent without fear of repercussions. Further, using sex to "cover up" the real issue of abuse, without discussing it and taking concrete actions to prevent it, is not a solution.

At the end of the discussion tell the group that Massachusetts courts have held that:

- A defendant cannot defend against a rape charge by saying he was mistaken about the victim's consent
- A victim does not have to physically fight back to show lack of consent

Notes

Topic C: Sexual and Reproductive Health

Included:

- ☑ Sexual And Reproductive Health Controlling Behaviors Handout And Discussion Guide
- ☑ Sexual And Reproductive Health Supportive Behaviors Handout And Discussion Guide

Activity 1: The Sexual and Reproductive Health Checklist

Type of activity: Group activity (or homework and group activity)

Purpose:
1. To understand the full range of behaviors that can be abusive, regarding sexual and reproductive health
2. To establish standards for supportive behavior regarding sexual and reproductive health

Time:
20–30 minutes: Review of checklist
20–60 minutes: Discussion questions

Facilitator Instructions:

- Have the group brainstorm a list of controlling behaviors related to sexual and reproductive health. (optional)
- Have the group brainstorm a list of supportive behaviors related to sexual and reproductive health. (optional)
- Distribute the two handouts:
    - Sexual and Reproductive Health Controlling Behaviors
    - Sexual and Reproductive Health Supportive Behaviors
- Review the checklists, making sure that participants understand each item.
- Distribute sexual and reproductive health resource information (see appendix)

NOTE: Partners of program participants should be informed that sexual and reproductive health information will be distributed as part of the program. Some programs report that on occasion partners report feeling that the program is promoting sex, or that the checklists are used by men who are abusive to suggest that victims ought to have sex with them for a healthful relationship.

Handout: Sexual and Reproductive Health Controlling Behaviors

___ not informing partner about sexually transmitted diseases (STDs)

___ not going to the doctor to check out symptoms of a disease

___ not taking medications for controlling STDs as prescribed

___ not discussing birth control with your partner

___ demanding sex from your partner after gynecological procedures (such as a biopsy of cervical tissue), or too soon after she has given birth

___ impregnating your partner without having agreed that pregnancy is desired

___ having affairs (which may expose your partner to STDs)

___ not supporting your partner's health regime, if she needs to take STD medications

___ limiting your partner's access to her doctor, health practitioner or healer

___ blaming, insulting, or punishing your partner if she has an STD

___ not supporting your partner's choice to breastfeed or not breastfeed

___ abusing your partner during her pregnancy

___ having sex in a way that harms your partner's sexual or reproductive organs

___ denying paternity

___ forcing, coercing or preventing abortion

___ forcing, coercing or preventing partner from undergoing tubal ligation or sterilization

___ causing partner to have miscarriage

Handout: Sexual and Reproductive Health Supportive Behaviors

___Offering to accompany your partner when she goes to the doctor, gynecologist or obstetrician (and respecting it if she says yes or no to your offer)

___Offering to pick up medications at the pharmacy

___Taking action to keep yourself sexually healthy and informed about your own sexual health

___Taking your medications as prescribed

___Raising the issue of birth control and discussing it openly and respectfully with partner

___Finding out and respecting your partner's preferences regarding birth control method

___Paying for one half or more of birth control costs (if partner wants that kind of support)

___Planning pregnancies with your partner

___Supporting your partner emotionally when and if she chooses to terminate a pregnancy

___Supporting your partner financially when and if she chooses to terminate a pregnancy

___Finding out if your partner needs extra help from you while she is pregnant

___Acknowledging paternity and being a responsible father

___Being present and supportive during labor, if your partner wants you to be present

___Getting tested for STDs if you have unprotected sex with a new partner

___Telling your partner the results of your STD tests right away

___Going to the doctor or clinic for a general check-up once each year

___Supporting your partner in taking her STD medication as required

___Making sure your partner has the time, transportation and money to go to the gynecologist as needed—at least once per year

___Making your partner feel good about herself, even if she has an STD

___Finding out if sexual intercourse or other sexual activity ever hurts your partner

___Waiting until your partner says she is ready for sexual intercourse, including using lubricant if s/he agrees, to be sure that sex doesn't feel painful

___Educating yourself by contacting a doctor other than hers or calling a hotline to ask questions about gynecological problems or procedures in order to understand what is happening for your partner if she is ill, including times when she may not be able to have sex for medical reasons

___Continuing to support your partner's physical and emotional needs after the birth

Sexual and Reproductive Health Discussion Guide

Discussion Questions	Facilitators' Notes
1. Why is it uncomfortable to discuss birth control or sexually transmitted diseases with a partner for some people?	Possible reasons include social stigma against discussing sex openly, differing political views, stereotypes about people who have diseases, fear of knowing that getting a disease is possible (having to face that reality), misinformation about pregnancy (such as that a woman can't get pregnant if she is having her period), and embarrassment about having to use sexual words.
2. What are some of the beliefs you have, or messages you receive from society, about people with sexually transmitted diseases?	Possible answers include that they are being punished by God, that this is nature's way of weeding out the people who don't belong on earth, that people with sexually transmitted diseases are "scum" (dirty, promiscuous, cheap, or bad), and that they want everyone else to get what they have.
3. How do the beliefs listed in answer to questions 1 and 2 effect how communication about birth control and sexual health occurs in a partnership?	It is difficult to talk openly and honestly about preventing pregnancy and protecting each other from possible infection when people are embarrassed or afraid to raise these issues. Despite the fact that it might be difficult or embarrassing, it is absolutely essential to discuss pregnancy prevention and sexual health before engaging in any form of unprotected sexual activity. This should not be presented as optional or for "when you are comfortable." The rule is: If you can't talk about it, DON'T DO IT. Remind the group that being drunk, or high, does not change the rule.
4. Is hitting a partner (violating her body) different or similar to not informing that person that you have a sexually transmitted disease?	Not telling someone the truth about risk for sexually transmitted disease is, in essence, controlling what happens (or what has the potential to happen) to his or her body. Every person has the right to make fully informed choices about what happens to their body. Without all of the information, a person can't give true consent because they don't know what they are agreeing to. Example: How would it feel if a person sold you a chicken sandwich without telling you that it was poisoned? Would you still have bought the sandwich if you knew the full truth about it? How does withholding information change your ability to consent?

5. Ask the group to think about their current or most recent relationship. How was/is the issue of birth control decided?	Prompts for the group should include: • Who brought up the issue first? How was it brought up? What did you decide to do about birth control? • Who got the birth control? Who paid for it? • Who decides when it is time to use the birth control? • Have there ever been times when your partner might have wanted to use birth control and you discouraged or prevented it? • How should couples decide to change birth control methods? Encourage group members to be honest and not to feel shy about admitting "we met in a bar and didn't use protection." Be careful not to let group members who did the healthy/proper thing (such as get tested before sex, always use protection) dominate the group or intimidate others from participating.
6. At what point in your most recent sexual relationship did sexually transmitted diseases (STDs) get talked about?	• Who raised the issue first? • What was said? • Why is it a problem if guys ignore signs that they might have an STD? • Why is it considered controlling if someone has an affair and doesn't inform their partner about it, (from a sexual health perspective)?
7. Ask the group to imagine the following scenario: You are on a date with a person that you really like. You start kissing, and both of you are enjoying it. Just as it seems you might be about to have sex, your partner stops you and says "There is something I have to tell you. I slept with this guy last year and he gave me herpes." How do you respond in a respectful manner?	Allow the group to brainstorm answers to this question. Be sure that answers include "dos" and "don'ts" such as the following: • Do appreciate your partner telling you in a timely and respectful manner • Do ask for medical information about herpes and its transmission • Do disclose relevant information about your own sexual history • Don't blame your partner for having herpes or act as if s/he is unclean or dangerous to be with • Don't behave as if you are shocked or disgusted by the information

Discussion Questions continued	**Facilitators' Notes**
8. Does it limit or control a woman's life if she experiences an unplanned pregnancy?	Prompt the group to address what happens to a woman's body when she is pregnant and why might it be important to understand what is happening for their partners when they are pregnant. Pregnant women may experience back pain, frequent urination, nausea, swelling of legs, swelling of breasts, mood swings, weight gain, possible increased blood pressure, possible urinary tract infections, possible nutritional deficiency, possible gestational diabetes, possible decreased sex drive, possible sleeplessness, vaginal bleeding; new mothers are at risk for post-partum depression, infection and fatigue. Ask group members to think about a time they went through something difficult—such as if they ever tried to quit smoking—and if they were more irritable during that time. Even though most group members might not understand what it's like to be pregnant, they can think about the importance of not being dismissive or insensitive to a person who is going through increased stress and discomfort.
9. What kind of support do pregnant partners or post-partum mothers need?	Answers should include physical, emotional and practical support, such as help with chores and childcare, physical assistance with difficult activities and ongoing emotional caretaking.
10. Does it change and detract from a man's life if he is responsible for an unplanned pregnancy?	Discuss emotional, time and financial responsibilities that come with fatherhood.
11. Given the ways that unplanned pregnancies can affect couples, discuss ways to avoid unplanned pregnancy that are respectful of both partners.	This should include a non-judgmental review of birth control options. NOTE: Do not let the conversation digress into a discussion of the morality or legality of abortion.

Instructor's Note: Group participants may ask questions like "What about my birth control preferences? What about my sexual preferences? What you're saying is that my partner has to respect my preferences, right?"

Facilitators should be prepared to counter these questions with a statement like "You have a right to your own preferences and opinions, but not the right to interfere with your partner's control over his or her own body and life. Also, the fact that you've been abusive to your partner sets up an 'unequal playing field' that makes it more difficult for your partner to assert what he or she wants. That's why we're here focusing on how you can be non-controlling and supportive of your partner. We're not talking about how your partner can support you."

A facilitator may also point out, "If you are having a disagreement about birth control, for example, that you aren't able to resolve, this might not be the right relationship for you. The bottom line is that it's not OK to control what someone else does with his or her own body."

Notes

Topic D: The Effects of Sexual Abuse on Survivors

Included:

- ☑ Narrative Accounts
- ☑ Brainstorming Mistaken Beliefs About The Effects Of Sexual Violence
- ☑ Handout: Healing From Intimate Partner Sexual Abuse

Activity 1: Narrative Accounts

Type of Activity: Group activity

Purpose: To build empathy through understanding the experiences of survivors

Time: 20-40 minutes per scenario

Facilitator Instructions:

This section contains two narrative accounts of the effects of sexual violence on survivors. The accounts differ in two ways:

- The abusive partner in the first account is more aggressive and uses more physical violence than the abusive partner in the second account
- In the first account, the sexual violence occurs throughout the relationship and in the second account, it occurs after the victimized partner has left

The narratives may be used separately or together in a session or series of sessions on sexual violence. Facilitators should read through the narratives to decide if one is more appropriate for their group, or if both should be used.

Read the narrative out loud to the group before beginning the discussion.

Narrative 1

I was in the relationship with Jack for four years. Jack's abuse affected our sex life in several ways. It meant that I never refused his overtures--one of the few areas in which he was not abusive and I didn't want to lose that. I would tell myself that sex was the one time that I could count on Jack being calm, if he got what he wanted. You know, it's not like I could say no to sex and not suffer consequences—it was the only chance to get a happy moment with him, when we would cuddle afterwards, so I felt like it would be too much trouble to ever refuse him. During sex, Jack was usually selfish, rushed, and used my body crudely. He just did his thing and took care of himself.

As a woman experiencing abuse, your first priority is to not get killed. Then your next priority is to not get hurt, then running intervention for your kids, and then trying to avoid the emotional and mental abuse, and then trying to support the family and negotiate financial problems, and then at the very bottom you might think about your sex life. But that's a luxury if you believe that he could actually kill you at some point in your life or harm your kids. It wouldn't be a very smart battered woman who objected to sex with a batterer.

We never discussed birth control. Jack just assumed I was taking care of it. One time, I could tell he was in a bad mood, so I didn't dare ask if I could get up and go get the diaphragm. So, I got pregnant. I knew way deep inside that it would be dangerous to have a child with this man and I knew I would need to have an abortion.

Men who batter need to know that they are not going to get real honesty from their partners, sexually, when she is being abused. She is smarter than that. So if they want to know what's really going on for their partners sexually, they are going to have to remove abuse from the picture.

Note: Talking about the effects of sexual abuse on survivors may trigger participants who are themselves survivors. If participants seem "zoned out" or particularly reluctant, remember to make a general announcement to the entire group about the fact that you have referral information.

Narrative 1 Discussion Questions

Discussion Questions

Throughout the narrative, the writer never uses the word rape. Instead she makes statements like:

"During sex he used my body crudely."

"It wouldn't be smart to object to sex with a batterer."

"I didn't dare get up to get the diaphragm."

Was the woman in this narrative sexually assaulted by Jack?

If so, were the assaults against her different than the type of assault you think of as rape? In what ways were they different? In what ways were they the same?

2. The last paragraph of the narrative directly addresses men who batter. Reread the paragraph to the group and lead a discussion about its content.

"Men who batter need to know that they are not going to get real honesty from their partners, sexually, when she is being abused."

- Do the group members agree that they will not get sexual honesty from their partners so long as they continue to batter?
- Does it matter if their partners are honest about their sexual needs and desires?

Facilitators' Notes

Although she never uses the word assault or rape, it doesn't sound like the woman in this narrative gave her consent for sex. It's also clear that she was afraid to refuse Jack. Not giving consent, and fearing violence for refusing sex, counts as assault.

Group members may say that the assaults differed from more violent rapes because:

- the victim never said no
- the assaults did not involve overt physical force or the use of weapons

Facilitators should engage the group in a discussion of whether or not the writer had the safety required to say "no." At the end of the discussion, point out that overt violence is not necessary for forced sex to be considered rape. The threat of force is enough.

Facilitators should note that the assaults might be considered similar to more violent rapes because:

- the abuser was in control of the situation
- the victim felt her body was being "used" and
- the victim felt she had no choice but to be penetrated.

Facilitators should note that many women who have been sexually assaulted avoid use of the word rape because they do not want to apply such an ugly word to something that has happened to them. Nevertheless, their descriptions of the assaults against them and their feelings resulting from the assaults are often similar to those of survivors of both violent partner rape and stranger rape.

Facilitators should clearly state that a respectful and non-abusive sexual relationship is one in which both partners can be open and honest about their sexuality. If one partner cannot be open and honest, based on his or her partner's abusive behavior, then there is an element of sexual abuse in the relationship.

Narrative 2

My name is Elise. I am the mother of three children. I had been involved with my boyfriend Sonny for three years. In the last year of our relationship I began to grow apart from Sonny because he was so possessive of me. One night he attacked me outside of the grocery store and he hurt me badly before someone chased him away. The next day I took out a restraining order against him.

A few days later Sonny broke into my house through my son's bedroom window. My son woke up and saw him coming in. Sonny stayed for hours, wanting to talk about old fights that we had had. That was the night he sexually assaulted me. He attacked me in my bedroom while my two year old was in the room, supposedly asleep in his crib.

After the rape, I quit school because I was too scared to leave my house. I reported the rape to the police and asked my mother, who I didn't even get along with, to move into my house with me and the kids. I got someone in to secure the windows and doors and I took the kids out of pre-school because I was afraid for them, too. For six months I stayed in my house with my mother and three very small children. I couldn't stand for any of us to go out unless we were with a big crowd.

Six months after the rape I was able to get an apartment in a neighborhood far away from where we had lived. Once we were there it was like we started feeling worse than ever, even though we were much safer because Sonny didn't know where we were. The baby, who was two and a half by then, started getting hysterical whenever I wasn't in the room with him. He would cry for hours. My oldest had to be hospitalized for a while because she talked about committing suicide. I had nightmares so bad that I would stay awake for days on end.

About a year after the rape I took a job at a big retail store near our house. During my second month on the job a customer who looked like Sonny got into my checkout line. I got so scared that I ran out of the store and I never went back. It was hard to get a job after that, since my employer never understood why I just ran away.

Me and all of my children went to therapy every week for three years after the rape. By the end of the first year, I made some new friends and even started flirting with a guy I met although I was scared about getting involved with someone. I started to enjoy my kids instead of just being frustrated with how much they needed from me. I was proud of them for coping with all they had to deal with and proud of myself and even my mother, for getting us through.

Discussion Guide for Narrative 2

Discussion Questions	Facilitators' Notes
1. Who was affected by the rape in this account?	This question provides an opportunity to **address the effects of sexual violence on children.** Ask the group why they think the children responded to the assault the way they did. Be sure to note that they were affected by the violence in several ways: (1) They saw portions of it, at least in the case of the child whose window Sonny climbed through and possibly in the case of the "sleeping" two year old. (2) They may have heard the sounds of the assault, and they were constant witnesses to their mother's long-term fear and stress. (3) They were also affected by having to leave school, be housebound and be moved two different times. Tell the group that it is always difficult to assess the extent to which children have witnessed violence and are affected by it. This is because they either lack the language skills to tell what they see and feel, or are too frightened and confused to tell.
Why do you think the family started to feel "worse than ever" after they moved to the new apartment?	Often, survivors of extreme violence are not able to fully react to the assault until they feel safe from further violence. This is one way in which survivors of sexual abuse who are continuously assaulted within a relationship are able to cope: they may not feel the full effects of the violence until after they have left the situation. This is an important point as group members may try to minimize the effects of their violence or the violence itself if their partners do not appear to have the reactions noted. Some partners leave after a single assault; most do not. Partners who do not leave use coping mechanisms to help them manage the ongoing violence. These kinds of coping strategies include: • Minimizing the violence in their own minds • Resisting the assaults by fighting back, sleeping in another room, or having guests in the house. • "Giving in" to demands for sex in order to reduce the violence. Note that this is not the same as giving true consent.

Discussion Guide Continued

3. Ask the group what they think about Elise's reaction to the rape.

4. At the end, why do you think Elise felt proud of herself and her children? Does it make sense that rape survivors take pride in having survived?

Facilitators' Notes

Prompt the group to address the short-term effects of sexual violence from the handout. Elise seemed to experience the intense fear, anxiety and mistrust that many survivors feel.

This is an opportunity to have the group think about healing. Ask the participants if they have similar experiences of pride in overcoming a painful situation and allow some time for them to discuss healing from their own perspectives. Remind the group that rape is never "good" for victims. When we talk about "feeling stronger or taking pride for having survived", we don't mean to imply that rape is ever positive.

While it's essential for perpetrators and potential perpetrators to understand the negative effects of their abuse, it is also important that they know that their victims can heal. Understanding that survivors move forward with their lives puts the abuser's power into perspective: They can cause a lot of pain and suffering, but they cannot maintain control of their victims forever.

Activity 2: Brainstorming Common Mistaken Beliefs about the Effects of Sexual Abuse

Type of Activity: Group activity

Purpose: To dispel myths and understand the real effects of sexual abuse on survivors

Time: 30-60 minutes

Facilitator Instructions:

Part of stopping abusive behavior is thinking about its effects on others. In this section the group will have an opportunity to think more directly about the effects of sexual abuse on partners, and to concentrate on the survivor's perspective. Because sexual violence is an act of control it is important to consider the perpetrator's beliefs and intentions in committing the abuse. In other words, what do they think they are gaining by sexually assaulting their partners? By finding out what the group members think about the effects of rape, you will be better equipped to change the thinking and the resulting behavior.

- Ask the group to brainstorm a list of the effects of sexual abuse on survivors. If they do not give many answers, broaden the question to what they have heard, rather than just what they themselves believe.
- Write the answers on a blackboard or newsprint.

EXAMPLES: The following is a list of the kinds of responses you might expect from the group. If group members do not give the answers listed, prompt them by asking, "Do you think this is true?" "Have you ever thought or heard this?"

COMMON MISTAKEN BELIEFS ABOUT SEXUAL ABUSE

Once a person has been sexually assaulted or abused he/she will…

- Never want to have sex with anyone else
- Be branded by the person who did it because s/he is "ruined" and no one else will want to have sex with them
- Feel as though their life is over
- Understand that they belong to the person who did it
- Understand that the person who did it really cares about them
- Understand that the person who did it really needs them sexually
- Want sex with the person who did it even if they thought they didn't want it before
- Feel closer to the person who did it because they have shared an intimate experience

After the brainstorm, give the group the Handout on effects of intimate partner sexual abuse and the Handout on healing from intimate partner sexual abuse and review them out loud. Structure the discussion by addressing each item on the brainstorm list and comparing them to the effects listed on the Handouts.

Effects of Sexual Abuse Brainstorm Exercise Discussion Guide

The discussion should address:

- Differences in the group's ideas and the real effects of sexual violence.
- Myths or misperceptions on the group's list and whether they may have a "grain of truth" that has been blown out of proportion.
- Reasons why an abusive partner might want to believe that some of the myths are true.

Discussing each list item	Facilitators' Notes
"never want to have sex with anyone else"	It is true that many survivors of sexual violence do not want to have sex for a period of time after being assaulted. While the process of healing is different for every person, most survivors are able to reclaim their sexuality, including the ability to maintain healthy sexual relationships with other partners. Abusive partners may want to believe that rape survivors will not want to have sex with anyone else because it increases their sense of control over their victims. Such a belief may be part of the motivation to be sexually violent in the first place.
"will be 'branded' by the person who did it because s/he is 'ruined' and no one else will want to have sex with them"	An abusive partner might hope that their partner will "be branded forever" by the assault, but most people will not agree with them. As noted above, many survivors do become involved in new sexual relationships, after an assault, and their new partners do not consider them to be "ruined
"feel as though their lives are over"	Tell the group that victims of sexual violence coined the phrase "rape survivor" to emphasize their strength in getting past the assaults and moving on with their lives despite pain and anger.

Discussing each list item (continued)

"understand that they belong to the person who did it"

"understand that the person who did it really cares about them"

"understand that the person who did it really needs them sexually"

"feel closer to the person who did it because they have shared an intimate experience"

"want sex with the person who did it even if they thought they didn't want it before"

Facilitators' Notes

This set of misperceptions is based on a dangerous line of reasoning in which sexual violence is necessary to convey the abuser's true feelings of love or need. In fact, the opposite is true: acting violently conveys a desire to control and hurt.

These myths also confuse sexual violence with sex itself. Although sexual violence involves acts of sex, it is not sex. It is an act of physical aggression, no less violent than a punch in the stomach or a kick in the ribs. Survivors of sexual violence overwhelmingly report that what happened to them feels like violence, and not like sex.

As noted above, survivors of sexual violence report hate and anger toward the person who assaulted them, rather than feeling sexually turned-on or emotionally caring toward them. Unfortunately, the myth that sexual violence will be a turn-on to victims is reinforced in many movies, television programs and popular books.

Abusive partners may use the excuse that "it will make her/him feel closer to me" to justify their violence, but the effect is likely to be the opposite.

Handout:
The Effects of
Intimate Partner Sexual Abuse on Survivors

Physical Effects

Nausea and vomiting

Soreness

Bruising

Muscle tension

Headaches

Fatigue

Genital injury

Miscarriage

Stillbirths

Bladder infection

Infertility (less common)

Emotional Effects

Short term

Anxiety

Shock

Intense fear

Depression

Suicidal tendencies

Mistrust of others

Long term

Insomnia

Nightmares

Flashbacks

Fear of the person who did it

Fear of the world beyond the person who did it

Hate toward the person who did it

Anger toward the person who did it

Depression

Negative Feelings about themselves

Mistrust of others

Note: Not all intimate partner sexual abuse survivors experience all of the above. Similarly, some intimate partner sexual abuse survivors may experience effects not listed above.

Handout: Healing from Sexual Abuse

In recent years survivors of sexual abuse have begun to talk more openly about the effects of the violence against them. They have also talked about the process of healing from sexual abuse and becoming strong enough to label themselves as survivors rather than victims. It is important to note that the following steps in the healing process are not "benefits" of having been sexually assaulted; it's *never* a good thing that a person was abused.

Survivors of sexual violence identify the following results of long-term healing:

Gaining a positive self-identity: Through the healing process, survivors work hard to rebuild the positive self-image that is battered by sexual violence.

Feeling free: Survivors talk about a sense of freedom that comes from the knowledge that they have the tools to survive abuse.

Feeling more able to prioritize themselves and care for themselves: After leaving a sexually abusive partner, survivors often focus on themselves for the first time in their lives, and learn to prioritize their own needs and desires.

Enjoying sex: While most survivors report a period of time following an assault or sexually abusive relationship when they are not interested in sex, most reclaim their sexual identities.

Supporting other survivors: Many survivors of sexual violence go on to help others who have been victimized.

Notes

Topic E: Recognizing Boundaries

Included:

- ☑ Recognizing Boundaries Activity And Discussion Guide
- ☑ Cheating Scenario And Discussion Guide
- ☑ Objectification Of Women Activity And Discussion Guide
- ☑ What Can Make Pornography Harmful to Relationships?: Discussion Guide

Activity 1: Recognizing Boundaries

Type of Activity: Group activity and discussion questions

Purpose: To understand the concept of recognizing boundaries

Time: 15-30 minutes

Facilitator Instructions:

- Introduce the idea of recognizing boundaries by explaining that a boundary is a limit. Recognizing boundaries means noticing and understanding the limits that exist in relationships between people. Different people may have different boundaries – different limits as to the things that make them uncomfortable, frightened or angry. There are also boundaries that exist within a given society or cultural group, which everyone is expected to understand. It is essential that group members understand and respect social boundaries in general and their partners' boundaries, in particular, in order to be non-abusive and respectful in their relationships.

NOTE: In this section, the word "partner" is used to refer to anyone a group member may have a romantic interest in, even if they are not yet dating.

- Tell the group that recognizing boundaries can be a hot topic in today's world. Many people who have been abusive in relationships argue that it's impossible to be non-abusive nowadays because the rules keep changing, and there is likelihood that any action can be called abusive. For example, they feel that what one person calls flirting, others call sexual harassment, or just noticing another woman or man on the street can be considered unfaithfulness, or enjoying a film can be called an abusive use of pornography.

- Ask the group if they are familiar with these kinds of boundary issues and ask for a few more examples.

- Explain that it can be hard to know where the lines are drawn if you don't pay attention to yourself and the people around you. The trouble and confusion often come from the habit of not paying attention.

- Explain that the following guidelines will help to develop and maintain good boundaries.

- Write the following **bolded statements** on newsprint or blackboard. Once they are written, read and explain each statement to the group.

  - **PAY ATTENTION TO NON-VERBAL CUES**

    Your own body language and tone of voice can be invasive. Do you:

    Pout? Whine? Beg? Come to close to someone? Brush against them on purpose? Touch their hair? Touch their clothing? Find any excuse to give them a hug? Stare at them intensively? Force them to return your smile?

    Someone else can communicate discomfort and disinterest to you. Does she or he:

    Back away? Frown? Shake her head? Look away? Shift from foot to foot? Cross her arms? Look down? Try to avoid hugs or physical touch? Look at her watch while she's talking to you? Tell you to "back off" in a way that on the surface seems to be a joke to you? Seem to not want to be alone with you? Decline your offers for a date or sex with what seem like "excuses" to you,

such as that she is busy, has to get up early, isn't in the right mood, is feeling sick or having her period?

- **Ask Questions and Communicate Openly**

  If you're unsure if your statement or behavior crosses a boundary you can ask the person with whom you're interacting, depending on how well you know them. If they tell you that the behavior does cross a boundary, don't do it. Keep in mind that people you have abused may not feel that they can answer you with honesty safely, so you will also need to rely upon non-verbal cues about their comfort level and your own judgment and instincts about whether they might be even slightly uncomfortable.

  You can also check your attitudes and behaviors by asking a qualified professional to give you an objective answer. Appropriate people to ask are:

  - A Batterer Intervention Program counselor, or
  - An officer in charge of workplace harassment, in a work setting, or
  - The STOP IT NOW! Hotline listeners (1-888-PREVENT)
  - National Domestic Violence Hotline Listeners (1-800-799-SAFE)
  - Unacceptable people to ask include friends, parents and other participants in your BI group (outside of the group session, where you can't get the additional feedback of the program counselor)

- **Check your own thoughts and assumptions**

  Consider the attitudes and behaviors that have gotten you into trouble in the past. Take five minutes to consider how the person you are interacting with might perceive your words or actions differently than you perceive them.

- **Pay attention to boundaries in various public and private situations**

  Keeping good boundaries means paying attention to your own language and behavior in all kinds of social and private situations. Examples include:

  -Not making public comments that will embarrass your partner, even if you are "just joking"

  -Not touching your partner publicly or privately in a ways s/he doesn't like

  -Watching people's body language and other non-verbal clues for signs of discomfort

- **If You Have Any Doubt, don't say it and don't do it.**

  If you have any doubt whether a statement or act crosses a boundary, decide on the side of caution and do not say or do the thing you had in mind.

Instructor's Note:

There will be several exercises in this portion of the curriculum that will help group members to think about and begin to develop skills for recognizing and respecting boundaries. However, even for group members who are motivated to do so, it may take time to develop strong skills. Point out to the group that the above guidelines include asking for help as an important mechanism for maintaining boundaries. When participants do rely on their own judgment, it is highly recommended that they "err on the side of caution."

Activity 2: Sexual Harassment, Flirting and Cheating

Type of Activity: Group activity including scenarios and discussion guide

Purpose:
1. To develop basic skills in maintaining physical and verbal boundaries in sexual and dating relationships
2. To understand and explore ideas about monogamy

Time: 30–60 minutes

Facilitator Instructions:

The following exercise can be done in writing or verbally.

If you want to use the written version: Handout the following scenario and ask the participants to write a "1" next to items that are boundary violations, and "2" next to items that are not boundary violations.

Alternate version: Draw a box on the board. Ask the participants to help you place Ben's boundary violations outside the box, and Lizbeth's boundary-setting actions inside the box. Ask the participants to note what the statements inside the box have in common, and what the statements outside the box have in common. To take it a step further, you might ask them to make their own boxes on pieces of paper and think about a recent episode with their partner or someone else (co-worker, child or step-child, stranger). Again, ask them to write their own boundary violating actions outside the box, and the other person's boundary-setting actions inside the box. Reminder: your program likely requires that you report child abuse to Child Protective Services.

If you want to conduct the exercise verbally,

- Before beginning the exercise, have the group review the guidelines for recognizing boundaries from the previous activity.
- Read these questions aloud, or write them on the board:

  Question 1: "Did Lizbeth communicate a boundary?"
  Question 2: "Did Ben violate a boundary?"

- Read the entire scenario.
- When you have finished, tell the group that you are going to read it again, slowly. This time they will have a chance to raise their hands, holding up **either 1 finger or 2 fingers** after each item is read aloud. Raising 1 finger means they believe that Lizbeth is communicating a boundary. Raising 2 fingers means they believe that Ben has violated a boundary. Raising no fingers means that neither boundary setting or boundary-violating has occurred.

Part 1: Boundaries

Ben's Story

I casually date a woman that I met in my office building. Lizbeth and I met in the cafeteria one day a few months ago. We've been out on 2-3 dates. We work on different floors of the building but we always seem to be on the same lunch schedule. We chat while we wait on line or make jokes.

One day I decided that it would be nice to flirt with her a little more and try to take things to a new level. She's a nice looking woman and I thought it was about time we got a bit more serious, if you know what I mean. She's a good-looking woman, I was pretty sure she wasn't seeing anyone else, and she had to be interested in me. I'm a decent-looking guy to be honest with you, and obviously I have a good job. I was ahead of her on line and after I paid I waited for her to get through the line so that I could talk to her.

1. When she was done paying I said, "That's a really nice outfit you have on."
2. She said, "Thank you" and smiled.
3. Then she said "Nice to see you. Have a good one," and headed off toward the area where she usually eats with her friends.
4. I followed her over, wanting to keep the conversation going and let her know I was interested in more than cafeteria chat today.
5. I said, "A dress like that really shows off your curves."
6. She said, "Oh" and kept walking.
7. I figured she was shy, maybe even playing hard to get the way some girls do--you know how they want the guy to be kind of chasing after them at first? I didn't want her to get to the table with her friends before I had gotten my message across. So, I put my hand on her shoulder to stop her.
8. I said, "You should wear that the next time we go out. Why don't you give me a big smile? How come you're so serious today?"
9. She didn't answer me at all. She got to her table and sat down without saying anything. There was a free spot at the table so I sat down across from her.
10. "Listen," I said, keeping my voice low so that the whole table didn't hear what I was saying, "I really want to see you this weekend. I think it's time we stop playing around. What do you say?"
11. She shook her head and said, "I don't think so. I'm busy this weekend. Maybe I will just see you around."
12. I said "Oh, it's like that, huh? You think you're so special?" I raised my voice a little so that her friends would hear and know that I am not a man who gets walked all over. "You're the office slut, anyway, everyone knows that." I had the last word, because that's my pride—I always do, and I walked away leaving her in the dust.

Discussion Questions for Ben's Story

Discussion Questions	Facilitators' Notes
BEFORE READING THE SCENARIO:	
1. When I say the word "boundary", what comes to mind?	Participants may mention property lines, national borders, being "out of bounds" in football or soccer, or personal boundaries. If they don't mention all of these, the facilitator should list them with the group and write them on the board.
2. In what ways are "personal boundaries" similar or different to other types of boundaries?	Being "out of bounds" on the football field means that you have left the fair-play playing field. You need a passport, or permission, to cross national boundary lines or borders. Personal boundaries are the same as other kinds of boundaries that we can imagine in that certain zones of comfort are established, lines are drawn, and crossing them is 100% not OK without explicit permission. In fact, even if you are given permission one day to cross a boundary (such as give a kiss), you must get renewed permission each and every time you want to cross that boundary again…just like stamps in a passport each and every time you enter the U.S. from another country. With personal boundaries, there is no such thing as a "season pass." You must get a new ticket (explicit consent) each time you are interested in crossing a line. Personal boundaries are different from other types of boundaries in that they are invisible, they may change from day to day or year to year, and as mentioned above—there is no such thing as a "season's pass" or "all access VIP badge."
3. If personal boundaries are invisible, or subject to change, how can a person tell what they are?	Ask the group to brainstorm ways that people communicate their personal boundaries. They may speak them aloud directly, give subtle hints in what they say or do, give body language cues, etc.
4. Why do our boundaries change from setting to setting? Why might our partners' boundaries change from day to day or year to year?	In order to illustrate how it's possible for boundaries to change in different settings, ask the group to consider their own personal boundary with an intimate partner. In the house, perhaps they would feel comfortable with their partner sitting in their lap or approaching them for a sexy kiss without asking. Would they feel just as comfortable in their mother's home with that same boundary? Would they feel just as comfortable in church, at a bar, at their job, at a rock concert, or waiting for a decision on a loan in a banker's office? How might they feel if their partner tried to sit in their lap and get a sexy kiss during a funeral for their best friend or child? (or, if group members insist that all of these settings are the same to them, ask them to imagine why it might be different for someone else).

Discussion Questions --READ THE SCENARIO NOW--	Facilitators' Notes
5. At what point did Lizbeth communicate a boundary?	Lizbeth communicates boundaries at lines number **3**, **6**, **9** and **11**. **At line 3**, she walks away and says "have a good one" which are both fairly subtle indications that she is not interested. If Ben is paying close attention, he will notice her body language and the fact that her usual chitchat has changed to a short hello/goodbye. **At line 6,** she doesn't respond positively to Ben's comments about her physical appearance and she keeps walking (more body language). **At line 9**, she actually ignores the fact that Ben has put his hand on her shoulder and that he is continuing to talk to her, and walks away. Ben now has a very clear message that she is not interested. **At line 11,** Lizbeth directly tells Ben that she does not want to get more serious with him, or go out with him again. By now, the boundary is unmistakably clear**.**
6. At what points did Ben cross a boundary?	Ben crossed several boundaries at numbers **7**, **8**, **10 and 12**. **At line 7**, Ben either ignores or fails to recognize Lizbeth's first attempts to let him know she's not interested. In addition to crossing a boundary that Lizbeth has established by walking away, he is also crossing a general social boundary by touching, and actually physically stopping, a person who has in no way given him permission to touch her. **At line 8**, Ben crosses a line by making more comments about Lizbeth's body in spite of her short answer to his first remark. **At lines 9 and 10**, Ben shows that he is really not paying attention at all. He crosses boundaries by following Lizbeth when she has clearly shown that she doesn't want him to, and by sitting down at her table, uninvited. **At line 12**, Ben continues to express to Lizbeth that her boundaries and choices are worthless to him. He tries to punish her for having established boundaries with him at all.
7. What should Ben do the next time he sees Lizbeth?	Respecting boundaries is an ongoing requirement. Ben should not make any attempts to follow or speak with her privately, even if he wants to apologize. His need to be forgiven doesn't come first. He should allow her to set the new boundaries by taking his cues from her body language, talk, or lack of talk from now on. Also, he should not make a big game or display of "keeping away from her", such as taking angry steps out of the cafeteria if she is there. Staring at her from across the room is not OK. He should keep a polite, respectful distance, no matter what he feels like he "needs" to say or express. If over time Lizbeth appears to be comfortable seeing Ben in the cafeteria again and saying "hello", Ben should continue to keep his conversation with Lizbeth casual, neutral and "on the surface." Absolutely no hidden messages in what he says, searching eye contact, or looks designed to "let her know" how he is feeling or that she is missing out by not being with him.

Part 2: Cheating

- Now add one more thing to the story: Ben is in a relationship with another woman and they have agreed not to see other people. Given those circumstances, ask the group to answer the following questions.

Discussion Questions	Facilitators' Notes
8. What boundaries did Ben cross with regard to his partner? At what point did he begin to cross a boundary?	If Ben and his partner have agreed not to date other people, Ben crossed a boundary the very first time he began to set up a date with Lizbeth. Even if they had never gone on that first date, the fact he began to set it up is a violation of his agreement with his partner.
9. Is monogamy essential in all intimate relationships? For one person, or both people?	Monogamy is not essential in all partnerships. Some couples decide, together, that they both feel comfortable dating other people. Partners can set their own rules together, if it is done with 100% honest communication and respect. One major consideration for couples who choose non-monogamy is sexual health (having safe sex). Putting one's partner at risk for a sexually transmitted infection, without letting him/her know all of the facts ahead of time so that he or she can make an informed choice, is a violation of that person's freedom and ability to choose what happens to him/her.
10. What are all the reasons that a person might care, very deeply, about having a monogamous relationship with his or her partner?	--religious or spiritual beliefs --cultural norms --marital or commitment vows --an agreement about monogamy or not dating others --to create deeper intimacy with their partner --to reduce risk of sexually transmitted infection --to reduce the risk of unwanted pregnancy --to provide a particular type of experience for children or other family members who may model their own behavior after this example
11. What happens within a relationship when the boundary about fidelity or commitment (not dating other people) is violated?	NOTE: This should not become a conversation about how often the participants have been cheated on by their partners. If they raise a partner's infidelity, reframe the comment so that the discussion remains general: "So, rather than focusing on your personal situation, can you tell me how you think violating someone's boundaries affects the relationship after that point, in general? How does it make a person feel to be cheated on? How does it make the person who is cheating feel? What else happens inside the relationship or to those people?" You might ask: "Does infidelity of a partner excuse abusing them?"

Activity 3: What Is Objectification Of Women?

Type of Activity: Group activity including discussion questions

Purpose: To understand how objectification of women is connected to sexual violence against women

Time: 20-40 minutes

Facilitator Instructions:

Begin by explaining the term "objectification." Objectification happens when a person is treated as the *object* of someone else's needs and desires, rather than as a complete human being with his or her own mental, social and emotional needs.

- Write the above definition and the following bulleted points on newsprint or blackboard.
- Explain that the term can be used to include:
  - Treating a person as though his or her worth is based on their physical qualities (a pretty face, a sexy body, long hair, etc.) rather than their mental, emotional or spiritual qualities.
  - Treating a person as though his or her worth is based on any single quality or set of qualities rather than their whole being.
  - Treating a person as though his or her worth is based on the services they provide (cooking, cleaning, childcare, sexual "services," etc.), rather than their whole being.

Objectification of women occurs most often when women are reduced to their physical bodies.

<u>Common examples of objectifying women include:</u>

- Using pornography that shows demeaning sexual positions, degradation, or violence against women as acceptable.
- Catcalling or ogling women on the street or other public areas.
- Advertising that shows being sexy as an important part of a woman's professional success. This is an example of objectification at a societal or cultural level, rather than a personal level. There are many examples of societal objectification of women to be found in films, music, magazines and on television.

Objectification Discussion Questions

Discussion Questions	Facilitators' Notes
1. Ask the group members to give examples of objectification of women. Make a list of the examples given.	Use the following sample list to help participants come up with examples and explain why they constitute objectification. <u>Do not allow group members to give explicit sexual examples (see below).</u> • Calling a partner a name that equates her with or refers to the size of her breasts. *This is objectification because the name only has to do with her breasts and ignores the other parts of her life. Calling someone by that name suggests that it is the most important thing about her.* • A magazine ad where a woman is working at the stock exchange wearing nothing but her underwear. *This is objectification because it suggests her body is more important than what she knows about her job.* • Saying, "If you couldn't do _____ in bed, I never would have married you." *This is objectification because it makes the partner's sex act more important than the person that she is.*
2. What is the connection between objectification and violence? What does one have to do with the other?	When a person is viewed as an object—rather than a living, breathing, person with emotions, needs and rights—it becomes easier to stop viewing that person as an equal, or as a human deserving safety and respect. It's harder to feel empathy for a person if they are not being viewed as a person. It becomes easier to feel entitled to treat that person as a mere object, toy, or "thing" rather than a true person. It becomes easier—and more acceptable in some people's minds—to become violent with a person who they only view as a plain "object" rather than a human being with a life, a history, family and friends, emotions, moods, needs, likes and dislikes, responsibilities, obligations, talents, faults, and everything in between.

Activity 4: When Is Pornography Harmful or Abusive?

Type of Activity: Group activity

Purpose:
1. To Understand How Pornography Can Be Harmful to Relationships
2. To Establish Standards of Behavior for the Use of Pornography
3. To Explore The Issue Of Consent in a Relationship, Using Pornography As One Example.

Time: 30-45 minutes

Facilitator Instructions:

Begin by defining pornography for the group:

Pornography is visual, written, or auditory material about people being sexual or having sex that is meant to make the user feel sexy. Personal boundaries are especially important when it comes to pornography, because pornography is a public expression of sexual behavior and language, which are usually considered private matters.

Pornography becomes the tool of abuse when:

- It is forced on a partner against his or her will.
- Children or adolescents are featured in any way.
- Women are physically hurt or emotionally degraded in the depiction. This contributes to harmful attitudes and self-talk about women's sexuality.
- Gay people are physically hurt or degraded in the depiction. This contributes to harmful attitudes and self-talk about gay or lesbian sexuality and is particularly abusive in the context of a gay or lesbian relationship.
- Using it makes a partner uncomfortable (with his or her own sexuality or body).
- It is used to emotionally hurt or degrade a partner (for example, by comparing the partner's body or sexuality unfavorably to the people in the pornography).
- It is used at the expense of family or relationship responsibilities. This includes allowing it to be a burden on family finances or consume time that should be spent with family or partner.
- The person using it lies about using it or hides his/her use from his/her partner.
- It is left where children can see it or used in the presence of children.
- Women are forced to be in pornographic materials.
- The idea that women should always be in the mood for and ready for sex is promoted
- Women in pornographic materials are physically or emotionally harmed in its production (as in "snuff" films).

Pornography Discussion Guide

Discussion Questions	Facilitator Notes
1. Why are women sometimes uncomfortable with their partners using pornography?	Responses should include: It makes some women feel unloved, unattractive, like there is something wrong with their bodies, uncomfortable with the treatment of the women in the video, self-conscious, offended (morals or religious values), unhappy with the time or money spent on porn instead of developing the relationship.
2. Ask the group to add to the list on the handout. What are specific examples of how pornography is used as a tool of abuse? Prompt the participants to answer from their own experience.	Responses should include: • Telling a partner he needs it to turn him on because she can't/won't/doesn't do it. • Turning it on when friends are over to get the partner to leave them alone. How will the above behavior make a partner feel when they are having sex? Remind the group how non-physical forms of sexual abuse, such as inappropriate use of pornography, can become physical when the couple is having sex. If a person feels unattractive to their partner, or as if their partner would like to be hurting them in order to become aroused, then the physical act of having sex can feel demeaning and hurtful.
3. Does all pornography depict women as being physically hurt or emotionally degraded?	Group members may be surprised to learn that pornography does not necessarily degrade women, gays or anyone else. Explain that there is pornographic material–explicitly sexual material that is meant to turn-on the person seeing it – that is not degrading and shows women in control of their own sexuality. However, it is important to note that even this type of pornography may make partners feel uncomfortable and therefore be inappropriate in the context of those relationships.
4. Ask the group why pornography that degrades women is more commonly used. Who benefits from it? In what ways?	Discuss how degrading pornography can justify sexual abuse of women by making it look acceptable and even enjoyable. Just as negative self-talk can contribute to a decision to be physically abusive, viewing degrading pornography can contribute to a decision to be sexually abusive; it is like listening to a tape that says "it's okay to hurt women sexually**."** People who have a history of abuse should not use pornography that is degrading because of its relationship to negative thinking or self-talk. Although it may be difficult for group members to understand what makes pornography "degrading" it is still an important point to make that can open the door to ongoing discussion.

Instructor's Note: Facilitators should make it clear to participants that they are expected NOT to use pornography in abusive ways. It is a good idea for facilitators to check regularly on group member's use of pornography, including magazines, video, attendance at strip clubs, film and television, and the internet in order to discuss the effects of their pornography use on partners and self.

Notes

Topic F: Sexual Abuse of Minors

- ☑ Defining Sexual Abuse of a Minor: Group Activity And Discussion Guide
- ☑ Handout

Activity 1: What Counts as Sexual Abuse of a Minor?

Type of Activity: Group activity

Purpose:

1) To recognize sexual abuse of a minor
2) To identify sexually abusive behaviors
3) To describe the consequences of sexual abuse on minors

Time: 30-60 minutes

Facilitator Instructions:

Write the following definition of sexual abuse of a minor on newsprint or blackboard and read it to the group:

"Sexual abuse of a minor is:

A VIOLATION OF POWER
WHICH TAKES A SEXUAL FORM
DONE TO A PERSON UNDER THE AGE OF 18."

- Explain the definition to the group before going on to the exercise below. Explanation: when a minor is sexually abused, the violation takes a sexual form but it involves far more than the physical acts. Because children depend on the adults in their lives to protect them, the violation becomes a breach of trust that shatters their ability to feel safe in the world. Such a breach has a profound and lasting impact. The violation needn't be severe to the adult mind in order to be experienced as severe by the minor.

- Write the words "What counts as sexual abuse of a minor" on newsprint or blackboard.

- Ask the group the questions on the next page, using their answers to create a written checklist. Tell the groups not to give explicitly sexual answers, such as listing body parts and describing in detail how they can be violated or used to abuse someone else. Explain that everyone knows examples of the ways that children can be abused sexually. Graphic details are not important for this discussion. What is important is developing an understanding of the boundaries of behavior with minors, so the group members are clear about what constitutes sexual abuse of a minor both from the child's perspective and the legal perspective.

- At the end of the session your checklist should include all of the items on the sample checklist on page 77. If you think it's appropriate for your particular group, you can also use the sample checklist as a Handout. When you have completed the checklist, use the follow-up questions to engage the group in further discussion.

From "The Batterer as Parent"
by Bancroft & Silverman (2002, Thousand Oaks, CA: Sage Publications)

- One study found that daughters of batterers were 6.5 times more likely than were other girls to be victims of father-daughter incest. (Paveza, 1988)
- Another study found that while only 0.5% of non-battered women reported their children were victims of incest, 9.6% of battered women in the same study reported that one or more of their children were victimized by their batterer. (McCloskey, Figueredo & Koss, 1995)
- Among 146 children exposed to domestic violence, 28% of girls reported being sexually abused by their fathers, and another 3% had case file notes indicating that they too were sexually abused by their mother's batterer. No boys reported sexual abuse by their fathers. (Roy, 1988)

Questions to prompt checklist

1. Does it count as sexual abuse if it only happens once?

Child sexual abuse can occur one time or repeatedly. Even a single inappropriate act toward a child counts as sexual abuse: One act is all it takes to alter the child's sense of trust and safety.

2. Who perpetrates sexual abuse against minors? Does it have to be a parent or stepparent?

Child sexual abuse can be done by an adult who is not a parent as well as by a parent. Any adult in a child's life has the power to violate their boundaries and their trust. It counts if the perpetrator is in a "family-type" role such as a stepparent, the boyfriend or girlfriend of a parent, a family friend, or the boyfriend or girlfriend of the child's sibling. It also counts if they are in a less intimate role such as a neighbor, a teacher, or a football coach. Older children, as well as adults, including siblings and other relatives can be guilty of sexually abusing minors.

NOTE: It is important that the issue of pedophilia is not confused with homosexuality. Gay people are no more likely to sexually abuse children than heterosexual people. Most pedophiles are heterosexual, not homosexual. Being attracted to and having consensual sexual relationships with adults of the same sex has nothing to do with sexually abusing children of any gender.

3. Do you think some people sexually abuse children as a way to get at their partners? Does it still count as child sexual abuse?

Abusers sometimes use the sexual abuse of children as a tool of abuse against the abuser's partner. For example, the abuser might punish their partner by threatening to violate or violating a child that the partner loves. This is extremely harmful to the child as well as the partner. The consequences of this behavior may be life-long for the partner, the child, or both.

4. Is there such a thing as emotional sexual abuse of children?

Child sexual abuse can and does occur without physical touching. Sexual abuse of children can include a range of non-physical behaviors, including hyper-monitoring of girls' dating and sexual behavior, exposing minors to pornography or sexual activity between adults, making sexual comments about a minor's body or sexuality, and otherwise communicating a sexual message to a minor (through looks, touches, cards, gifts, email messages, etc.). Because adults shouldn't be sexual with children in any way, abuse occurs whenever an adult, older child, or teen sexualizes his or her relationship with a minor developmentally younger than him/herself. The behavior does not have to be physically violent or even verbally harsh to be sexual abuse of a minor.

Why would young or teenage girls want to dress sexy? Are they trying to get attention, or turn men on?

Note that "hyper-monitoring" of girls' dating and sexual behavior is different than paying an appropriate amount of attention to--and offering appropriate guidance about--healthy dating strategies, healthy behaviors, and healthy sexual behavior.

5. Who should decide if a certain behavior is child sexual abuse?

Children aren't developmentally able to understand sexual feelings and behaviors, much less to convince a person who is older that they don't want to participate in sexual activities. Our legal system recognizes this developmental power imbalance. Laws vary from state to state, but in Massachusetts it is illegal to have any sexual contact with children under the age of 14 years old and illegal to have sexual intercourse with children under the age of 16 years old in Massachusetts. The law doesn't recognize any ability of children under these ages to "consent" to these kinds of activities. Even if it's legal to have sex with teenagers who are 16 years old or older, serious harm can be done when adults have sexual contact with minors of any age.

Children who are developmentally able may identify behaviors they are experiencing as sexual abuse. Anytime a child is able to give such an indication, it's an immediate sign that sexual abuse is occurring and that the behavior needs to stop. For example, children may want and are entitled to privacy while dressing and going to the bathroom, or may refuse to kiss or touch anyone, including relatives, and should be permitted to follow their own feelings about this.

Sexual Abuse of a Minor Discussion Guide

Discussion Questions	Facilitator Notes
1. How could sexually abusing partners affect children and teens (both boys and girls) in the house? If children know that it's happening, what does it teach them about sexuality?	Sexually abusing an adult intimate partner can affect both boys and girls in the house. Even if both adults believe that children or teens are unaware of the sexual abuse, many adults surprised to find out—later on—that children could either hear, sense, or otherwise perceive the abuse even without witnessing it directly. Although being aware of the sexual abuse of a parent (or guardian) affects different people in different ways, possible consequences on children and teens could include: • Emotional trauma and related physical and mental health problems • Becoming afraid of sex or sexual contact as an adult; feeling that sex is unsafe • Trying to become a sexual object for the abuser to "protect" the victim by diverting attention • Becoming sexually aggressive, participating in overt sexual behavior towards adults, teens or other children • Fearing or avoiding men or people who trigger physical or sensory reminders of the abuser or abuse • Learning that sexual intimacy "always" or "should" involve fear, pain, coercion, aggression, tears, conflict, brutality or shame • Becoming aroused by sexual aggression
2. Why is it considered abuse to expose a child to pornography?	This is an opportunity to talk about an adult's responsibility to help children make sense of the world. This includes helping children set healthy boundaries about their own sexuality. When an adult exposes a child to pornography they are communicating several messages. First, that the child "is ready" for such material and should know how to feel about what they are seeing. Since the child won't know, they will be confused and uncertain about their own sexual feelings. Secondly, exposing a minor to pornography sends the message that it is alright for that minor to share their sexuality–whatever it may mean, given their age and development–-with that adult. Since it isn't legal or 'alright', it's a violation of the child's own developing boundaries.

Instructor Note: Do not give the group a chance to engage in a sexualized discussion of children. While it is difficult to address the issue of child sexual abuse without using sexual terminology it can and should be done.

Use general terms like, "sexualized touching," or "showing the child inappropriate material," rather than more specific terms. The reason for this cautionary note is that there is a concern that some group members may become aroused by a graphic discussion, or may feel that the program is condoning explicit sexual talk about minors.

To avoid the "what-ifs" that are often used to derail discussions...such as "What if a two year old tells you she wants privacy while dressing but she doesn't know how to get dressed?" Stick to simple common sense answers like "each situation is unique. If you don't know how to interpret a child's request, ask an expert such as a doctor or child therapist. The important thing is to pay attention to the child's communication." (Note: A three year old is not likely to want privacy from everyone while they are dressing: if they want it from a particular person, it should be honored. If they want it from everyone then the reasons should be explored.)

Handout: What Counts as Sexual Abuse of a Minor?

WHEN

- One time incidents
- Repeated incidents

WHO

- Dating partners
- Parents, step-parents guardians
- Siblings, relatives, friends of the family, older children
- Strangers
- Abuse by "out-of-household" adults like teachers, coaches, religion workers, counselors

WHAT

- Sexual looks directed at a child
- Flirting
- Calling a minor by a sexual nickname
- Insulting a minor about his or her sexuality (example: calling a girl a slut)
- Talking about sex or sexual contact in front of a minor with sexualized intent
- Touching a minor in a sexual manner—i.e. a manner that the law would interpret as a sexual manner, even if the adult doesn't feel like they "meant it" sexually
- Taking too much of an interest in a minor's dating or sexual life
- Exposing a minor to sexual material or pornography
- Exposing a minor to adult sexual activity or abuse
- Purposefully exposing a minor to the sexual activity of animals (with a sexualized intent)
- Communicating a sexual message to a minor
- Violating a minor's privacy in a sexualized context: watching while the minor changes clothes, goes the bathroom, takes a bath or shower, gets diapers changed
- Giving a minor sexual gifts
- Indicating sexual interest through cards, emails, looks, touches, jokes or comments
- Responding in a sexual manner to sexualized comments, dress, dance, or behavior from a minor
- Sleeping in the same bed as a minor, with sexual intent
- Consuming pornography that features a minor
- Exposing oneself to a child (nudity, body parts, sexual movements or gestures)

CONSEQUENCES CAN INCLUDE

- Mental health problems (e.g. suicide attempts, eating disorders, depression, substance abuse)
- Physical health problems (e.g. STIs, urinary tract infections, bladder infections, bleeding, incontinence, headaches, stomachaches, injury, early death)
- Behavioral problems (acting out, aggression, withdrawal, attention-seeking, "spacing out")

Notes

RESOURCE AND REFERRAL GUIDE

Sexual Health Resources

Family planning, birth control and pregnancy

Planned Parenthood	1-800-230-PLAN
Emergency Contraception Hotline	1-800-584-9911
Family Planning Referral Hotline	1-800-942-1054

Sexually Transmitted Infections (STIs)

National STI Hotline	1-800-227-8922
	1-800-342-2437
En Español	1-800-344-7432
Herpes Hotline	1-919-361-8488
National HPV (Human Papilloma Virus) and Cervical Cancer Prevention Hotline	1-919-361-4848

HIV/AIDS:

CDC National AIDS Hotline	1-800-342-2437
CDC National AIDS Hotline Spanish Service	1-800-344-7432
CDC National AIDS Hotline TTY Service	1-800-243-7889
AIDS Action (Massachusetts)	1-800-235-2331

National Sexual Abuse Hotlines and Services

Rape and Sexual Abuse Survivors

Rape, Abuse & Incest National Network Hotline (RAINN) 1-800-656-4673

The National Organization on Male Sexual Victimization (NOMSV) 1-800-738-4181
PMB 103
5505 Connecticut Ave, N.W.,
Washington, DC 20015-2601
Email: nomsv@nomsv.org
Website: www.nomsv.org

Sex Offender Treatment

Stop It Now! 1-888-PREVENT
P.O. Box 495 1-888-773-8368
Haydenville, MA 01039
E-mail info@stopitnow.org
http://www.stopitnow.com/
***** STOP IT NOW!'s mission is to call on all abusers and potential abusers to stop and seek help, to educate adults about the ways to stop sexual abuse, and to increase public awareness of the trauma of child sexual abuse.

The Association for the Treatment of Sexual Abusers (ATSA)*
900 S.W. Griffith Drive 1-503-643-1023
Suite 274
Beaverton, OR 97005
Fax: (503) 643-5084
Email: atsa@atsa.com
Website: www.atsa.com
* ATSA provides referrals for affiliated sex offender treatment providers throughout the United States

Massachusetts Coalition for Sex Offender Management (MCSOM)
www.csom.org

For children who have experienced or witnessed sexual abuse

Massachusetts Child Advocacy Centers

For a list of advocacy centers in each county of Massachusetts, please visit the following website:
http://www.state.ma.us/mova/page136.html

*These centers generally offer a variety of support for children who have experienced sexual abuse or witnessed domestic violence, including counseling, medical services, support programs, advocacy programs, and legal services. At most centers, insurance is accepted and many therapy programs are free of charge.

Children's Hospital (617) 355-6000
Sexual Assault Treatment Team
300 Longwood Avenue
Boston, MA 02115

The Child Witness to Violence Project (617) 414-4244
1 Boston Medical Center Place
MAT 5
Boston, MA 02118

Prevent Child Abuse America (312) 663-3520
200 South Michigan Avenue
17th Floor
Chicago, IL 60604
www.preventchildabuse.org

Massachusetts Citizens for Children (617) 742-8555
14 Beacon Street, Suite 706
Boston, MA 02108
www.masskids.org

National Center for Missing and Exploited Children 1-800-THE-LOST
www.missingkids.com

*NCMEC provides services nationwide for families and professionals in the prevention of abducted, endangered, and sexually exploited children. NCMEC also assists law enforcement in the prosecution of the criminals who perpetrate these terrible crimes

Resources and information for group facilitators

The American Professional Society on the Abuse of Children
National Office
P.O. Box 26901
CHO 3B – 3406
Oklahoma City, Ok 73190

Family Violence Prevention Fund 617-522-2419
Boston Office
685 Centre St
Jamaica Plain 02130

For sexual assault prevention and survivor services in Massachusetts

Western, MA

YWCA of Western MA	(h)	(413) 733-7100
YWCA Rape Crisis Unit	(t)	(413) 733-7100
120 Maple Street	(o)	(413) 732-3121
Springfield MA 01103	(f)	(413) 747-0542
Elizabeth Freeman Center	(h)	(413) 443-0089
Sexual Assault Program	(t)	(413) 499-2425
146 First Street	(o)	(413) 499-2425
Pittsfield MA 01201	(f)	(413) 443-3016
University of Massachusetts - Amherst	(h)	(888) 337-0800
Everywoman's Center, Wilder Hall	(t)	(888) 337-0800
221 Stockbridge Road UMASS	(o)	(413) 545-0800
Amherst MA 01003	(f)	(413) 577-0163
New England Learning Center for Women in	(h)	(413) 772-0806
Sexual Assault Program	(t)	(413) 772-0806
10 Park Street	(o)	(413) 772-0871
Greenfield MA 01301	(f)	(413) 772-2743
YWCA of Western MA	(h)	(800) 479-6245
New Beginnings	(t)	(800) 479-6245
P.O. Box 1835	(o)	(413) 562-5739
Westfield MA 01086	(f)	(413) 572-0386

Central, MA

Wayside Trauma Intervention Services	(h)	(800) 511-5070
Valley Rape Crisis Program	(t)	(508) 478-4205
10 Asylum Street	(o)	(508) 478-6888
Milford MA 01757	(f)	(508) 478-9042
Rape Crisis Center of Central MA	(h)	(800) 870-5905
RCCCM	(t)	(508) 852-7600
146 W. Boylston Drive Suite 202	(o)	(508) 852-7600
Worcester MA 01606	(f)	(508) 852-7870
Rape Crisis Center of Central MA	(h)	(800) 870-5905
RCCCM	(t)	(508) 852-7600
275 Nichols Road	(o)	(978) 343-5683
Fitchburg MA 01420	(f)	(508) 852-7870

Metrowest, MA

Wayside Trauma Intervention Services	(h)	(800) 511-5070
Valley Rape Crisis Program	(t)	(508) 478-4205
31 Main Street	(o)	(508) 478-6888
Marlboro MA 01752	(f)	(508) 460-6993
SMOC	(h)	(800) 593-1125
Voices Against Violence	(t)	(508) 626-8686
300 Howard Street	(o)	(508) 820-0834
Framingham MA 01702	(f)	(508) 872-4264

Northeast

Health and Education Services	(h)	(800) 922-8772
North Shore RCC	(t)	(978) 921-8729
156 Cabot Street	(o)	(978) 927-4506
Beverly MA 01915	(f)	(978) 927-4507
YWCA of Greater Lawrence	(h)	(877) 509-9922
Sexual Assault Program	(t)	(978) 686-8840
38 Lawrence Street	(o)	(978) 687-0331
Lawrence MA 01840	(f)	(978) 691-5286

(continued next column)

Rape Crisis Services of Greater Lowell	(h)	(800) 542-5212
RCSGL	(t)	(978) 452-8723
144 Merrimack Street Suite 304	(o)	(978) 452-7721
Lowell MA 01852	(f)	(978) 458-2822

Southeast, MA

A Safe Place	(h)	(508) 228-2111
Sexual Assault Program	(t)	(508) 228-7095
24 Amelia Drive	(o)	(508) 228-0561
Nantucket MA 02554	(f)	(508) 228-8825
Stanley St. Treatment & Resouces	(h)	(877) 301-4357
SSTAR	(t)	(508) 673-3328
386 Stanley Street	(o)	(508) 679-5222
Fall River MA 02720	(f)	(508) 673-3182
Martha's Vineyard Community Services	(h)	(508) 696-7233
Women's Support Services	(t)	(508) 693-3843
Box 369	(o)	(508) 693-7900
Vineyard MA 02568	(f)	(508) 693-7192
Independence House	(h)	(800) 439-6507
Cape Cod RCC	(t)	(508) 771-6762
160 Basset Lane	(o)	(508) 771-6507
Hyannis MA 02601	(f)	(508) 778-0143
Health Care of Southeastern MA	(h)	(508) 588-8255
Womansplace	(t)	(508) 894-2869
P.O. Box 4206	(o)	(508) 580-3964
Brockton MA 02303	(f)	(508) 588-0034
New Hope	(h)	(800) 323-4673
Sexual Assault Program	(t)	(800) 323-4673
21 Park Street Suite 201	(o)	(508) 226-4588
Attleboro MA 02703	(f)	(508) 226-8114
Greater New Bedford Women's Center	(h)	(508) 999-6636
GNBWC Rape Crisis Program	(t)	(508) 996-1177
252 County Street	(o)	(508) 996-3343
New Bedford MA 02740	(f)	(508) 999-7139

Boston area

Boston Area Rape Crisis Center	(h)	(617) 492-7273
BARCC	(t)	(617) 492-6434
99 Bishop Allen Drive	(o)	(617) 492-8306
Cambridge MA 02139	(f)	(617) 492-3291

Statewide

Jane Doe, Inc: MA Coalition Against Sexual		
Jane Doe, Inc. Boston	(t)	(617) 263-2200
14 Beacon Street, Suite	(o)	(617) 248-0922
Boston MA 02108	(f)	(617) 248-0902
Rape Crisis Center of Central MA	(h)	(800) 223-5001
Llamanos Statewide Spanish Hotline	(t)	(508) 852-7600
146 W. Boylston Drive Suite 202	(o)	(508) 852-7600
Worcester MA 01606	(f)	(508) 852-7870

h=Hotline, t=TTY/TDD, o=Office, f=Fax

For more information about this curriculum

To obtain copies of or information about this curriculum, please contact:

Nikki Paratore
Or Director of Batterer Intervention Program Services
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250 Washington Street, 4th Floor
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